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ABSTRACT

Vocational rehabilitation agency program audits and reviews have revealed problems such as provision of insubstantial services to clients, poor case documentation, large numbers of clients not gainfully employed, and provision of services to ineligible clients. The problems have remained in spite of remediation strategies based on additional controls and regulations within state/federal programs. Accordingly, the Management Control Project, a research and demonstration project funded by the National Institute of Handicapped Research, was designed to develop, implement, and investigate an innovative approach to agency management. Emphasis is placed on setting performance standards, evaluating performance objectively, and providing feedback regarding performance. Skilled counselors operate autonomously; the system eliminates superficial controls. Experimental testing was completed in Georgia, Michigan, and Maryland, each of which has begun statewide installation plans. Performance has improved significantly in all three states. Analysis of survey data show little change in job satisfaction, perceptions of time utilization, and leader descriptions. Work alienation surveys demonstrate that counselors feel that they have significantly more authority regarding their work and that they feel less confined by rules. (TE)

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MANAGEMENT CONTROL PROJECT
FINAL REPORT

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A MANAGEMENT CONTROL SYSTEM FOR REHABILITATION MANAGEMENT
NIHR/G008003051
10/1/78-4/30/83

The University of Georgia
Athens, Georgia

May, 1983

EA 017 291

A Management Control System for Rehabilitation Management

FINAL REPORT

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404/542-2597

May, 1983

(Covers research performed from October 1, 1978 to April 30, 1983)

This study was supported in part by Research and Demonstration Grant G008003051 from the National Institute of Handicapped Research, Office of Special Education and Rehabilitation, Washington, D.C., 20202.

Foreword

The initiation of the Management Control Project was an effort to enable counselors to function professionally in a bureaucracy. Project staff quickly realized that the entire management system of the rehabilitation organization needed to be examined to assure the compatibility of organizational goals with professional ideals.

Initially, it was assumed that the regulations of the federal government were the major contributor to a dysfunctional system. We discovered, however, that, in the words of Pogo, "we met the enemy and the enemy was us". State programs were imposing much more rigorous controls than those imposed by the federal government. Project emphasis on policy analysis and development of a policy system which clearly identifies requirements and relates them to performance goals may be the major contribution of the Management Control Project.

The practice of a management philosophy which supports and encourages professional functioning is critical. Supervising professionals is a difficult process; too often, we have neglected to emphasize the professional development of rehabilitation personnel. Supervision has frequently taken the form of personal supervision and control, thus contributing further to a dysfunctional system.

We must continue to guard against the creeping introduction of controls as solutions to judgmental errors or policy noncompliance. This project has demonstrated that the most effective solutions are based on sound management practices. I challenge the reader to capitalize on these effective management techniques rather than relying on traditional control approaches to organizational administration.

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Project results convince me that the Management Control Project provides the foundation for continued demonstration of the utility of the rehabilitation process and for the potential of professionals to work within the bureaucracy.

James G. Ledbetter, Ph.D.
Commissioner, Department
of Human Resources
State of Georgia

Preface

One of the most persistent problems facing the rehabilitation administrator today is that of control. Although there are conflicting viewpoints regarding the best manner in which to manage an organization, the Management Control Project has maintained that good management requires an effective system of control. The project's goal during this research and demonstration effort has been to achieve optimal rehabilitation agency performance through the application of a management system which eliminates unnecessary and spurious controls and utilizes performance standards maintained by skilled managers. The system is designed to assure that actual needs of eligible handicapped individuals are identified and that service provision is based on these needs, thus enhancing success. This project has not solved all the problems faced by the administrator in managing a rehabilitation program nor has it solved all the problems faced by the counselor in functioning as a professional in a bureaucracy. This final report does present a demonstrated management system designed to recognize the professionalism of the rehabilitation counselor while capitalizing on the expertise of agency managers.

In a project of this magnitude, one cannot hope to individually thank everyone who has contributed. During the project's R&D effort, many people have been involved and we gratefully acknowledge their valuable contributions.

The Management Control Project resulted from common interests of Rehabilitation Services Administration, the Georgia Division of Rehabilitation Services, and the Rehabilitation Counselor Training Program at the University of Georgia.

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The project was developed from ideas generated by Dr. James G. Ledbetter, now Commissioner of the Georgia Department of Human Resources, during work on the prospectus of his doctoral dissertation. The review of literature contained in this document is, for the most part, Dr. Ledbetter's work. His conceptulization of a management control system for rehabilitation agencies, as well as his extensive review of the literature, is acknowledged.

Special recognition is given to Dr. Jack Crisler, University of Georgia, and Mr. Gene Wallace, Georgia Division of Rehabilitation Services, who served as project co-directors from October, 1978 through March, 1979 and gave the project a strong start. These men, along with the project fiscal officer, Dr. Timothy Field, University of Georgia, have provided valuable assistance and support throughout the grant period. Thanks is given to Mr. Lewis Davis and the RSA Region IV staff who have provided input and encouragement from the early stages of the project's grant application to the present. We acknowledge the contribution of the East District managers and counselors of the Georgia Division of Rehabiliation Services for their extraordinary services on various project developmental committees and for being the first group to pilot the management control system. Thanks is given to the individuals who gave expert consultation and on-going input through participation on the steering committee, research design committee, external review teams, and training teams.

The opportunity to demonstrate a management control system as an alternative to traditional management approaches was possible because of the willingness of three state rehabilitation agencies to participate in the research and demonstration effort. A special thanks goes to Dr. Joseph Edwards, Dr. James Ledbetter, and Mr. Thomas Gaines, each having served as director of the Georgia Division of Rehabilitation

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Services; Mr. Peter Griswold, Director of Michigan Rehabilitation Services; and Mr. Richard Batterton, Director of Maryland Division of Vocational Rehabilitation. Individuals and task groups representing these three agencies have had a positive influence on the development of this management system.

A special tribute is paid to Mr. George Engstrom, NIHR Project Officer, for keeping us on course and knowing when encouragement was needed. Mr. Engstrom's expert consultation and commitment to the Management Control Project are gratefully acknowledged.

With the dedication of these individuals, the project has become more than a good idea. We hope that this report will assist the reader in developing a more effective organization.

Philip E. Chase
Project Director

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Management Control Project
NIHR/G008003051
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May, 1983

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Abstract

Vocational rehabilitation agency program audits and reviews have revealed problems such as: provision of insubstantial services to clients, poor case documentation, large numbers of clients not gainfully employed, and provision of services to ineligible clients. The problems have remained in spite of remediation strategies focused on the implementation of additional controls and regulations within state/federal programs. Ledbetter (1980) conceptualized a management control system for vocational rehabilitation programs; a field test indicated there was strong support for such a system. The Management Control Project, a research and demonstration project funded by the National Institute of Handicapped Research was designed to develop, implement, and investigate an innovative approach to agency management. Emphasis is placed on setting performance standards, evaluating performance objectively, and providing feedback regarding performance. Skilled counselors operate autonomously; the system eliminates superficial controls. Experimental field testing was completed in Georgia, in Michigan, and in Maryland. In Georgia, the system has been installed statewide, statewide system installation has begun in Michigan, and statewide installation plans are underway in Maryland. Performance has improved significantly in all three states. Analyses of survey data show little change in job satisfaction, perceptions of time utilization, and leader descriptions. Work alienation surveys demonstrate that counselors feel that they have significantly more authority regarding their work and that they feel less confined by rules regarding their work.

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A. Overview of Project

Introduction

For more than six decades, vocational rehabilitation agencies have broadened service delivery components and clientele through expansion and technological advances. The professional development of service delivery providers within state-federal vocational rehabilitation programs has continued at a commensurate rate. Nevertheless, numerous client service delivery system problems have emerged. The traditional systems of vocational rehabilitation service delivery have not been working; moreover, the "add-on", or "band-aid" attempts for remediation and minimization of vocational rehabilitation's problems and concerns have not been effective. Thus, the need for a "total-revamp" or "totally-new" approach was indeed eminent. With the scarcity of system-wide approaches, it is, therefore, fitting to address those critical factors which led to the development and implementation of the Management Control Project (MCP).

Statement of Problem

Since its inception in 1920, the state-federal rehabilitation program has grown rapidly in terms of funding, personnel, and services provided to handicapped citizens. That growth has been the most dramatic in recent years. In the 10-year period from 1966 to 1975, for example, funding for Vocational Rehabilitation purposes increased from 214 to 998 million dollars. With these dramatic increases in fund allocations came a significant expansion in the program of services. In that same time period, the number of persons employed by rehabilitation programs grew from 12,000 to 32,000--an increase of 167%. Massive increases in personnel, many of whom were largely untrained or inexperienced, coupled with the 1973 federally mandated shift toward serving a more

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severely disabled population, created a need for more in-service training and greater casework supervision. These needs led to a large increase in financial support to maintain and upgrade the skills of state-federal vocational rehabilitation program employees. Between 1966 and 1975, state agency in-service training grants increased from $480,000 to $2,000,000 (RSA, 1975) resulting in many training programs in job placement, case processing, and counselor supervision. A rapid increase in casework supervision occurred. With the increased funding for case services and increased in-service training for rehabilitation personnel, it was not surprising that the economic conditions of the past decade surfaced "Accountability" as a crucial issue for state-federal vocational rehabilitation programs. Rule and Wright (1974) suggested that the public was reacting to the state-federal inability to portray and demonstrate that the provision of vocational rehabilitation services, in a utilitarian sense, is an investment.

Official audits conducted over the last 10 years by the General Accounting Office, the Department of Health, Education, and Welfare Audit Agency, and the Rehabilitation Services Administration indicated that problems still existed. These problems were identified as the provision of insubstantial services, poor case documentation, inadequate benefits obtained by clients, large numbers of clients not gainfully employed, the provision of services to ineligible clients, and the failure of the Social Security Disability Insurance Program to remain cost effective. In spite of increasing attention to placement in the forms of research, demonstration, and training, a 1978 audit (HEW Audit Control Number: 15-70300) was sharply critical of counselor placement efforts. It was reported that too few clients were placed in competitive employment and too many former clients were unhappy about the usefulness of the services they received.

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Confronted with deficiencies such as those mentioned above, the state-federal vocational rehabilitation program initiated corrective measures which led to the establishment of additional controls. The Rehabilitation Services Administration began a systematic series of Program Administrative Reviews of the Social Security Beneficiary Rehabilitation Program (BRP) to evaluate the manner in which the state rehabilitation agencies were administering the program. The immediate result was the requirement that each determination of eligibility be reviewed by the counselor's supervisor (RSA, 1975). Unfortunately, RSA's implementation of more accountability through controls such as this was not met with more overall effectiveness.

Some state rehabilitation agencies responded to the deficiencies by mounting comprehensive case reviews and requiring supervisory approval for IWRP's and case closures. State VR agencies have established means of quality control, but the term "Quality Control" has frequently been perceived as a negative management practice which is not supportive of the progessional goals of rehabilitation. Within the organizational structure of state rehabilitation agencies, it is viewed primarily as a supervisory casework monitoring and approval process.

In considering the Vocational Rehabilitation Act of 1973 (P.L. 93-112), the United States Congress became aware, through the testimony of consumers, organizational representatives and rehabilitation professionals, that disabled clients often were not being sufficiently involved in the development of their own rehabilitation programs. In response to that criticism, Congress included in the Rehabilitation Act of 1973, the requirement that every client have an Individual Written Rehabilitation Program (IWRP). This program was to be developed jointly with the client and it was to be evaluated annually (U.S. Government Printing Office, 1975).

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In summary, vocational rehabilitation program responses to identified deficiencies have been the institution of greater supervisory controls and the implementation of more stringent policies and procedures. These efforts, however, have not been effective. In addition, many rehabilitation counselors have perceived them as contrary to professional practice, and it is suspected that the morale of direct service workers has consistently declined. The program deficiencies continue and management of the state/federal rehabilitation program is under increasing pressure to correct the problems. Current supervisory and procedural controls have not solved the problems. Therefore, the need for a new approach to deficiencies in the quality and quantity of client services was evident.

> The dramatic growth of the state-federal vocational rehabilitation program since its inception has created a dysfunctional system which threatens our survival [vocational rehabilitation agencies]. Dysfunctionality has developed from simultaneously occurring factors which are contradictory rather than complementary. Specifically, rapid growth has encouraged the addition of more and more agency controls to insure that counselors are complying with federal law and regulation while also stimulating a highly trained counseling staff to desire and work for professionalism.
>
> During the growth period, particularly 1966-1975, we [vocational rehabilitation] have experienced significant program funding increases, massive personnel increases, shifting in our service population emphasis, substantial increases in training grants, and many programmatic changes. These developments prompted regulations to cover as many contingencies as possible and encouraged the use of more and more supervisory staff. Unfortunately, the supervisory staff has functioned

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more to monitor adherence to regulations than to assist counseling staff.

Rapid growth created an abundance of promotional opportunities and caused agencies to dig deep into their talent banks, thus diverting much of the best talent from service delivery to administration. This resulted in some staff, unprepared and unsuited to administration, moving upward and caused both decline of talent at the service delivery level and development of poor administration and supervision. As growth has reached a plateau, potential for upward mobility and extrinsic reward has declined and the agency has become less attractive to talented practitioners.

As we continue to add control and increase supervision in order to eliminate deficiencies, we also continue to seek bright, well-trained counselors, asking them to effectively function within this system which neither enhances nor encourages professionalism. Once employed, these counselors are faced with a dysfunctional system which discourages professional and independent functioning, and offers few opportunities for promotion. The result is dissatisfaction and the necessity of electing to leave the agency; to stay with the agency and conform, perhaps creating a morale problem; or to stay with agency and fight for professional rights, perhaps increasing efforts toward unionism. Both those who leave and those who stay but conform represent losses to the agency. Those who choose to stay and fight are in conflict with management and may create additional problems for a control-oriented system. The warning is clear--it is the responsibility of management to change, to create a climate in which professional rehabilitation counselors are able to utilize their training and expertise (Chase, Lindsay, & Patrick, 1980).

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The need for a management system which facilitates compliance with the intent of the Rehabilitation Act and federal regulations regarding rehabilitation is well documented. The Council of State Administrators of Vocational Rehabilitation (CSAVR), on April 20, 1982, adopted a position paper, prepared by the CSAVR Client Services Committee, which states:

> Various external and internal audits have consistently yielded results which leave little doubt among some vocational rehabilitation administrators that what on the one hand seems to be clear, uniform eligibility requirements are, on the other hand, being used with discretion by some vocational rehabilitation agencies. The question of how agencies can fail to practice what the law requires naturally arises....First, there is the generic problem of inadequate documentation (information) support of the eligibility system. Traditionally, comments about inadequate documentation have reported the absence of medical information to support the stated disability and/or no documentation concerning the existence of a vocational handicap. Second, there is the problem of agencies serving ineligible individuals. Usually auditors report as ineligible cases in which even non-vocational rehabilitation practitioners can discern the lack of a disability or handicap.

The position paper goes on to state that the results of the San Diego State University Case Review Schedule, applied to over 3,000 cases in 36 agencies, indicate that 49% of the cases surveyed contain questionable eligibility practices. These findings are consistent with the Management Control Project (MCP) pretest results in three states which show that 22-29% of the cases reviewed contained inadequate medical/psychological documentation, 49-85% contained inadequate documentation of vocational handicaps and 56-86% contained inadequate documentation of reasonable expectation

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of employment. MCP pretest results also indicate that legally mandated IWRP requirements were not met in 65-100% of the cases, basic financial accountability requirements were not met in 63-87% of the cases, and case closure documentation requirements were not met in 18-50% of the cases. The MCP's original objective was to correct the deficiencies and reduce controls on counselors through a system of performance standard by which counselor work would be measured and rewarded as appropriate.

If in the history of vocational rehabilitation it has been observed that control-oriented systems have been dysfunctional (and out of control), then it seems rational to assume that the first step is to consider establishing a system that could control the controls within it. Thus, an investigation of the various controls within systems, as well as the functions of such controls, is purposeful.

Literature Review

Hasenfeld and English (1974) stated that human service agencies, characterized by service goals or criterion measures that are ambiguous, attempt to establish control and accountability by developing extensive record keeping requirements and by utilizing supervisors to closely monitor the activities of service delivery staff. Their focus, both overt and covert, on the control factor of human service agencies appears critical--control is one of the major functions of management. It is described as that function of management which is concerned with securing the necessary resources to be used effectively and efficiently to accomplish the goals and objectives of the organization (Anthony & Herzlinger, 1975). Newman (1975) described managerial control as the "...series, etc. of steps a manager takes to assure that actual performances conform as nearly as practicable to the plan" (p.5).

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One of the more traditional forms of managerial control is the personal supervision by the manager. In large, complex organizations this form of control is neither efficient nor is it effective when employed with professional workers.

In attempting to classify control systems, Anthony (1965) related them to the purposes they serve in the organization: controlling employee's present behavior, providing employees feedback about job performance, and furnishing management information for long-range planning. Newman (1975) classified controls into steering, screening, and post-action control functions. He stated that each type of control serves a discrete function, but that these functions may be integrated to develop an effective system of control. The minimum elements for a control system have been described by Lawler and Rhode (1976) as the establishment of objectives or outcomes related to worker or organizational behavior, the establishment and execution of a plan to reach those objectives, and the collection of information about the effectiveness of the action. The ultimate goal of the control system is to assess the performance of the individual or organization in relation to some predetermined standard.

Lawler and Rhode (1976) developed an information and control system model. They compared it to a thermostat, and broke it into the components of a measurement system or sensor: an adjustable standard, a function that compares the sensor to the standard, a mechanism that responds to the comparison, a means of transmitting the message, the measurement of a task or activity, and that which motivates or powers the activity. The common elements of control systems relate to the measurement function, the method and system of evaluation, monitoring or discrimination, and the motivating force of the worker and organization.

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> The measurement of employee and organizational effectiveness is regarded as an oppressive, negative activity. Although effectiveness of control is readily acknowledged, its potential for use as a positive force to guide workers' behavior has not been fully explored. The use of control systems as a stimulant and motivator of worker behavior should be incorporated into the design of organizations (Ledbetter, 1980).

The functions of control include setting the objectives, goals and standards; determining a method of measurement; and assuring the objectivity of measurement. Hostility toward control systems often occurs when the organization sets unrealistic goals, establishes inaccurate and incomplete measures of performance, and fails to involve the employee in the establishment of goals (Lawler and Rhode, 1976; Newman, 1975; Todd, 1977). The negative consequences of inadequate measurement can be demoralization of employees and a deleterious impact on the organization.

Control systems utilizing unrealistic or inappropriate standards can result in employee behaviors that look good, but that are dysfunctional in terms of accomplishing organizational goals. For instance, Todd's (1977) analysis of the equity funding scandal was that the organization had established unattainable goals, and the employees reacted to this pressure by falsifying reports on assets and liabilities.

Blau (1955) found, after analyzing a state employment service agency, that control measures had been placed on the process functions of interviewing, counseling, and referral rather than on the product of job placement. The result of these measures was an increase in interviewing, counseling, and referral and a corresponding decrease in job placement. The goals of the organization were not being met, but the employees looked good on standards against which their

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performance was being measured; this standard did not accurately measure the organization's goals, only some of the means of achieving the goal.

In the organizations that measure process, Lawler and Rhode (1976) found that employees do attempt to influence information system results so that they will look good for a certain period of time. Newman (1975) stated that the preoccupation with process rather than the organization's basic objectives makes the control effort ineffective. The upper echelons of management become concerned with output in isolation, and the managers at the operative levels focus their control efforts on process requirements.

The involvement of employees in the establishment of goals and standards is a management technique widely advocated to increase the employee's understanding and acceptance of the organization's goals. The impact of goal setting on increasing the performance of employees has been well documented (Latham & Kinne, 1974; Locke, 1968; Locke & Bryan, 1969; Vroom, 1960). However, when the goal setting is used as a standard against which the employees will be measured, the impact of employee participation seems to be effective only when it is a part of the overall management strategy and when the employees feel that they ought to be involved (Hopwood, 1973). Newman (1975) stated that participation helps to develop mutual understanding, to establish meaningful criteria that are measurable, and to set stimulating standards. He further stated that participation is necessary for control mechanisms to be effective. Lawler and Rhode (1976) indicated that employees must be aware of the information that was used to set standards. The concensus seems to be that employees whose performance is being measured ought to be involved in the goal setting process.

The level of goal difficulty is another important aspect of the measurement function of a control system. Locke (1968)

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stated that research studies indicate that difficult goals produce a higher level of performance than easy goals. Difficult standards or goals motivate workers if they feel the goal is attainable with reasonable effort and if they work in a supportive atmosphere (Newman, 1975).

Newman (1975) further stated that controls are meaningful to the individual when they are expressed in operational terms, when the worker can affect the outcome, and when the outcome can be clearly measured. Lawler and Rhode (1976) reported studies that indicated managers were motivated to perform well only by measures that accurately assessed their performance.

The method or system used to apply the standard, goal or objective to performance involves the individual performing the measurement, collection of data at an appropriate time, and the individual being measured. The individual evaluating the work and applying the standard to the actual performance is crucial in the measurement process. Lawler and Rhode (1976) stated that the discriminator must have two attributes: the technical knowledge to make the comparison, and the trust and confidence of the person being measured. If rewards are related to employee's performance, these two factors are essential. It appears appropriate to have the employees' line supervisors involved in the measurement process. Newman (1975) stated that the measurement process is more effective if it is close to the operational level. This closeness assures that the evaluator will maintain technical expertise and the confidence of employees.

The involvement of individuals being evaluated is critical especially for organizations that cannot or do not link job performance to extrinsic rewards. These individuals have the most knowledge of the process, bring needed information, and are more likely to trust the evaluation procedures if they are involved. Research on performance appraisal (Barnes & White, 1971; Campbell et al, 1970; Lawler & Rhode, 1976)

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suggests that subordinates should actively participate in their supervisory evaluation; some researchers have suggested that subordinates should participate as equals.

> Factors which ought to be considered in the measurement process are promptness of the measurement, its reliability and validity, its expense, and the comprehensiveness of the measurement. Statistical techniques can be employed to insure the reliability and validity of the measurement, especially when different individuals are performing the measurement. The use of statistical sampling can minimize expense and ensure adequate representation (Ledbetter, 1980).

Blau (1955), Newman (1975), Lawler and Rhode (1976), and Todd (1977) all emphasized the need to use control sparingly and to choose those strategic points in the system that relate to the organizational goals. Newman (1975) emphasized the predicting functions of controls and suggests that when organizations rely on actual results alone as evaluation tools, managerial control will be ineffective. For this reason, Newman stressed steering controls which allow organizations to make mid-course evaluations and to initiate constructive changes before the end result has been achieved. He acknowledged the value of post action controls which tie together rewards and results and which provide the organization data to be used in planning for similar work in the future.

The purpose of the measurement system is to provide feedback to the workers so that corrective actions can be initiated. If learning is to take place, corrective action must occur. Argyris (1976) stated that the degree to which learning takes place can be affected by increasing the validity of the information and the degree to which it is accepted by the person being evaluated. Argyris further suggested that factors inhibiting valid feedback become more

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operational as the consequences become more threatening to those people involved. Valid information is generated more easily for less threatening and less important decisions.

The effect of knowledge of results, or feedback, on job performance is well documented by Kim and Hammer (1976) who reported that feedback provides the employees a directive to keep job behaviors on the desired course and that it further serves as a stimulator for greater effort. In a study combining self-generated knowledge of results with supervisory-generated knowledge and praise, they found that performance was greatly enhanced. In another study, Cummings, Schwab, and Rosen (1971) found that when employees were provided with accurate feedback based on standards that were clear and made known to the employees, maximum job performance was achieved. Latham and Kinne (1974) found that feedback must be tied to goal setting before it is effective.

Odiorne (1973), Newman (1975), and Lawler and Rhode (1976) found that the speed of feedback is important if learning is to occur as a result of the feedback. Resistance will be minimized and employees will be knowledgeable of the conditions under which corrections must be made (Newman, 1975). Theories of learning have long established the relationship between the immediacy of feedback and the strength of the feedback as a reinforcer.

In private industry, extrinsic rewards can be provided to those who demonstrate high performance levels. Lawler and Rhode (1976) recognized that extrinsic reward is not possible in all organizations and suggested that for intrinsic motivation to occur, the control system must allow for worker autonomy, task identity, variety of job, and feedback.

Within a state or federal bureaucracy the opportunity for extrinsic rewards is limited. Because vocational rehabilitation service workers perceive themselves as professionals, intrinsic motivators can be utilized. Anthony and Herzlinger

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(1975) recognized that management control is limited in non-profit organizations, especially when those individuals controlled are professional. The need to relate the control measures to professional goals can be a difficult task, especially within a bureaucracy. Peele and Palmer (1976) discussed the problems of quality control in mental health programs. They recognized the need for quality assurance and indicated that the professional's concern must be to insure that "quality assurance is first and foremost in tune with competent, compassionate and creative responses to the needs of the patient" (p. 154). If the specific controls in state-federal programs are to be examined and ultimately utilized for more desirable program outcomes, it is necessary to examine those unique characteristics of the state-federal VR Program.

As previously mentioned, the provision of professional vocational rehabilitation services to handicapped persons in the public sector involves operational issues somewhat different from those in profit-oriented programs. Smits and Ledbetter (1979) focused on three critical differences:

> First of all, the legislation which creates, maintains, and funds them sets specific parameters within which they are expected to function. While specific legislative requirements typically define the broad aspects of agency operations, the day-to-day functioning and accountability systems are further defined by administrative regulations....Secondly, public attitudes and values influence the legislation and regulations which guide the operations of the agency....And thirdly, all public service agencies compete among themselves for scarce resources (p. 80).

Thus as a result of existence in the public sector, amid governmental regulation, ambiguity regarding goals, and a lack of consistent measures of effectiveness, state VR

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agencies have evolved in a manner such that today "VR programs are close to control saturation" (Crisler, Field & Pierson, 1980, p.53). There is other evidence which points to the increase in management controls. Rehabilitation Services Administration program data (1977) reveals that administrative costs in the state/federal programs increased from 5.9% to the total VR expenditures in 1972 to 8% in 1976. Furthermore, 12% of the personnel employed in VR programs were directly involved in administrative activity. With the overloading of persons in power positions, power and control can be ambiguously used, other workers can experience power-deficits, and alienation from the organizations can be experienced by employees (Shepard & Panko, 1974).

In addressing the natural conflict or tension between the professional and the bureaucracy, Smits and Ledbetter (1979) suggested some illustrations of the impact of these tensions on rehabilitation counseling:

> The most graphic examples are in the area of the agency's system of accountability. The impact of the agency's system of controls is in direct conflict with the professional role of the rehabilitation counselor and this conflict results in alienation and heightened tensions (p. 81).

These conditions may have detrimental effects on rehabilitation professionals who are disturbed by the dysfunctional aspects of the conditions.

Traditional vocational rehabilitation systems have not appropriately responded to the needs of professional rehabilitation counselors working within them. Miller and Muthard's (1965) research indicated that rehabilitation counselors' job satisfaction was not associated with the views of administrators regarding the number of closures attained. Effects of identified rehabilitation counselor role strain have been noted in recent professional literature. Miller and Roberts

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(1979) addressed some of the primary issues of how "...ambiguity in performing key job tasks, as well as how the Zeigarnik effect (tension arising from not being able to complete or get "closure" from job tasks), influence rehabilitation counselor job needs, [and] contribute to counselor dissatisfaction or burnout..." (p. 60). Smits and Ledbetter (1979) suggested that while rehabilitation counselors may experience some degree of participative management at the unit level of the organization, they seldom have input at the policy-making levels of their agencies.

In summary, the inherent qualities of traditionally managed state VR agencies have been dysfunctional and counter-productive to high level functioning of professionals working within them. Recent rehabilitation literature clearly reflects that less than positive effects of traditional over-control by state VR agencies have been felt by rehabilitation administrators, supervisors, and counselors.

State VR agencies may now be experiencing what Downs (1967) called the "Law of Increasing Conservatism:" "All organizations tend to become more conservative as they get older, unless they experience periods of rapid growth or internal turnover" (p. 20). In recent years, amid large federal budget deficits and cutbacks in many federally funded programs, rehabilitation agencies have become static in terms of growth or have been forced to reduce in terms of personnel and budget. During these years that rehabilitation bureaucracy may have become counter-productive to the goals and purposes of rehabilitation professionals. Most writers equate expertise and professionalism with a flexible, creative, and equalitarian work organization while bureaucracy is associated with rigidity, and with mechanical and authoritarian work organization (Freidson, 1977). Mosher (1968) indicated that, in the eyes of most professions, government appears not much better than politics; it carries a political taint and violates or

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threatens treasured professional attributes such as individual autonomy, freedom from bureaucratic control, and vocational self-government. The sources of organizational dilemmas is the lack of fit between personal and organizational roles, and Etzioni (1964) concluded that if this difficulty were improved, there would be fewer pressures to displace goals, less need to control performance, and greatly reduced alienation.

Management control systems consist of integrated steps involving goals for the organization and employee, a system of measuring the results or accomplishments, and planned managerial response in relation to these measurements (Todd, 1977). The historical, large, and complex state vocational rehabilitation agencies have operationalized a personal control model which has neither been "...efficient or effective when used with professional workers" (Crisler, Field, & Pierson, 1980, p. 54). As Todd (1977) pointed out:

> To be successful in their quest for valued job outcomes, employees need not only an assignment of authority (individual control and influence) but also an understanding of the means and ends of their mission--that is, how it can best be done (clarity) and how it can help them accomplish their individual goals (performance--rewards relationships) (p.69).

The need for establishing "better" organizational climate and more effective leadership within state vocational rehabilitation agencies has been predicated on predicted postive effects on the professionals working within the agencies and their improved quality of services to clients (Pacinelli & Britton, 1969). Job satisfaction has been associated with such variables as: (a) choice among behavioral alternatives (Herman, 1973); (b) achievement, recognition, and responsibility (Dunnett, et al., 1967); (c) feelings of importance (W.E. Upjohn, 1973); (d) the work milieu (Warr & Wall, 1975; (3) job

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attitudes (Hertzberg, Mausner, & Snyderman, 1959); (f) experienced meaningfulness and responsibility, and knowledge of results of one's efforts (Hackman, et al., 1975); and, (g) the opportunity to participate in making decisions which have future effects on employees (Vroom, 1960).

As an alternative to professionals being controlled by dysfunctional policies and traditions, the MCP was designed to utilize the least number of controls possible and to encourage professional understanding of the controls affecting performance. Historically, state vocational rehabilitation agencies have experienced what has been described as the "vicious cycle syndrome":

> The breakdown of rules begot more rules to take care of their breakdown, or the breakdown of close supervision encouraged the use of still closer methods of supervision and, as a result, the continuous search and invention of new control systems to correct for the limitation of previous ones (Todd, 1977, p. 10).

Dysfunctional outcomes of traditional systems may include employee resentment and hostility toward the setting of unrealistic goals, the demand for excessive paperwork, inaccurate performance measurement, and a lack of employee participation. The MCP model operationalizes realistic goal development, realistic work demands of personnel, fair and accurate performance measurement, and employee participation. Smits and Ledbetter (1979) suggested the development of mutual respect among various professional and administrative groups is urgently needed in order to improve the quality of work life in state vocational rehabilitation agencies.

Early in development of the MCP, it was acknowledged that improved results (numbers of employed clients) could be expected if there is improvement in eligibility determination, IWRP formulation and delivery of services. Thus, focus on these key elements of the rehabilitation process

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and reduction of superficial audit-based controls were integral to the structure of the MCP. Critical to the MCP is the operationalization of a management system in which skilled counselors operate with an optimal degree of autonomy; the emphasis is on the development and maintenance of counselor performance skills considered critical for independent functioning. The enhancement of professionalism is basic to the MCP.

In conclusion, the MCP developed out of (a) difficulties with measure of quality and outcome, (b) recognized problems and dysfunctions within traditional state-federal vocational rehabilitation systems, and (c) an abundance of theory and research results supporting the management control system approach. Gaines (1980) suggested that MCP philosophy, objectives, and performance standards would become the framework of an improved system of vocational rehabilitation.

Management Control Project Pilot States

In October, 1978, a research and demonstration grant was awarded by Rehabilitation Services Administration to the University of Georgia for the purposes of investigating, developing, and implementing an innovative approach to the management of vocational rehabilitation service delivery. Funding responsibility for the grant shifted to the National Institute of Handicapped Research when it was established.

The Management Control Project was conceptualized in several phases and its research design projected the involvement of three state rehabilitation agencies. Project concepts were to be tested in a demonstration area of an initial pilot state, refined, and if successful, demonstrated on a statewide basis. Following successful implementation statewide, the applicability of the management control system was to be demonstrated in two additional states.

The Georgia Division of Rehabilitation Services became the project's first pilot agency in 1979. Michigan Rehabilitation Services joined the project in 1981 followed by the

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Maryland Division of Vocational Rehabilitation in 1982. As proposed by the project, the three states exhibit different sociogeographic and economic factors. Georgia is basically a rural state with low density population and little unionization. Income and cost of living are comparatively low. Current unemployment is 8%. Michigan is highly industrialized and has medium density population with more urban centers than Georgia. The main industry, motor vehicle production, is down about 20% and has contributed to a 17% unemployment rate. VR counselors have recently unionized in Michigan, however, there has been no direct effect yet other than the precipitation of preventive management action regarding performance expectations. The union contract covers multiple human service agencies; rehabilitation counselors are a minority in collective bargaining. The majority of workers in Maryland are involved in non-manufacturing occupations (mainly government employment) with approximately 16% of the workers engaged in a variety of manufacturing occupations. Maryland has relatively high density population, low unionization, and an unemployment rate of 10% (unemployment rates are higher in the experimental areas).

Project implementation strategy was similar in the three states. Experimental and control populations which are as similar as possible, were selected. The experimental population in Georgia consisted of one district director, one assistant district director, and three first-line supervisors who manage 32 rehabilitation counselors. Later, the entire state agency became an experimental base. The experimental population in Michigan consisted of four area administrators (who have dual responsibility-there is one experimental office in each area while all other offices in each area operate as usual), four assistant area administrators who are responsible for the performance of nine first-line

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supervisors who manage 42 rehabilitation counselors. The Maryland experimental population consisted of two regional directors who are responsible for the performance of eight first-line supervisors who manage 41 rehabilitation counselors and six rehabilitation specialists.

Very little advance supervisory training was conducted in Georgia prior to project implementation. Because of the Georgia experience and a recognized need, a week of management training in the application of project standards and criteria to case review was conducted in Michigan in November, 1981 and in Maryland in February, 1982. Participants were experimental first-line supervisors, and personnel responsible for supervisory performance and quality assurance.

Staff training for experimental staff was conducted in Georgia during April, 1979; for Georgia statewide staff during February-June, 1980; Michigan staff during December, 1981; and Maryland staff during March, 1982.

The following is a synopsis of the environment found in the three agencies prior to management control system implementation. Also discussed are factors which influenced the participation of Georgia, Maryland, and Michigan in the Management Control Project.

Georgia Division of Rehabilitation Services

The period during 1979-80 saw the Georgia agency pursue and achieve several philosophical and programmatic changes. The climate was ripe for agency management to progress from a reactive to proactive planning and management approach so that it could better deal with some rather long-standing issues related to client services. The Management Control Project's philosophical base was formulated during this climate of change.

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The philosophical and programmatic changes occurred during a period characterized by several perplexing issues: (1) declining resources; (2) increasing consumer demands for services; (3) increasing emphasis on accountability; and (4) growing competition among public agencies for available tax dollars. Moreover, specific concerns developed as consequences of federal, state, and internal program audits. Those concerns related to findings that ineligible clients were being served; that many clients were not involved in their individual rehabilitation programs; that insubstantial services were being provided in many cases; and that financial accountability was generally weak.

Compounding all of these issues and concerns was top management's growing desire for the agency to increase services to severely handicapped persons; to rid its service delivery/case recording control system of its increasingly obvious dysfunctions; and to enhance the professional role and image of rehabilitation counselors. Several changes began to occur during 1978 in response to these issues, concerns and desires.

First, an Order of Selection policy was developed, field-tested, and subsequently implemented division-wide. The net effect of the policy was a shift in service delivery focus to provide that the majority of individuals served would be severely handicapped.

Second, the Executive Committee (agency top management) engaged in formal team building activities. It was during these activities that the agency's management philosophy, consumer philosophy, organization values, and mission were literally re-defined.

Third, the MCP was developed and implemented on an experimental basis. The rationale for undertaking the Project was based upon its potential for addressing a number of major issues related to the service delivery system, accountability and professional practice. Results during the first year of the

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Project convinced agency management that the potential was real, and a decision was made to implement on a division-wide basis.

Fourth, there was a revamping of the division's basic organizational structure and a functional realignment of all state office personnel. One of the particularly significant changes in the structure was the emergence of Quality Assurance as one of the seven major work sections (organizational components) of the division. Previously a sub-unit in a section, the evaluation from unit to section underscored management's commitment to programmatic quality and accountability.

Fifth, a new policy development/implementation system was designed and a revised Manual of Policy (case service operations) was subsequently completed.

Michigan Rehabilitation Services

Michigan Rehabilitation Services has a staff of 480 located in 34 district and state office locations. Within the past three years the state agency has incurred a reduction of approximately 300 staff positions. These reductions have occurred through both attrition and layoffs. Based upon these reductions in staff, the current span of control within the district office locations is not consistent.

During the late sixties and early seventies the Michigan agency installed Management by Objectives and Planning, Performance and Budget systems. These management systems were provided to assist counselors, supervisors, and administration in identifying goals, identifying required resources, and evaluating performance. Over a period of ten years, this emphasis began to focus more upon the monitoring and controlling functions of management.

Supervisory functions have focused upon a centralized authority or approval for major casework transactions. This approval process has not enabled supervisors to focus on

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coaching and intervention skills. Michigan casework policies have utilized the Federal Regulations as a base, these have been expanded to include numerous Michigan policies. The casework policy manual incorporates both policy statements and preferred rehabilitation practices.

During 1980, the Michigan state director formulated a service delivery task force to review and develop alternate methods for providing client assistance. A team of staff reviewed the feasibility of piloting the MCP and recommended participation. In view of the need to refocus service delivery, and maximize human resources in a time of declining resources, the Michigan agency decided to pilot test the MCP beginning December 1, 1981.

Maryland Division of Vocational Rehabilitation

There were many factors which influenced Maryland's decision to participate in the Management Control Project. The most influential were anticipated federal budget reductions and a report by Maryland's attorney general, suggesting a re-examination of federal operational areas within Maryland's vocational rehabilitation program. These two major factors occurred virtually simultaneously and substantial efforts were taken within the agency to address them.

In regard to anticipated federal budget reduction, the agency established three planning groups to assess all agency operations. These groups included: field services, personnel, and the Maryland Rehabilitation Center (a comprehensive evaluation and training facility operated by the agency). These groups quickly examined all aspects of their operations and recommended program reductions based on the projected decreased budget. A final consolidated set of recommendations submitted to the Maryland State Board of Education was approved in June of 1981. The result of this effort was a staff reduction of 850 to 722. The method used to achieve this reduction was based on seniority; a great number of staff

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were demoted in pay and/or forced to relocate and/or take over new caseloads. A few senior staff retired and several high level administrative positions were filled with new staff.

As the agency prepared for the staff reduction, it also established task forces to address the operational issues identified by Maryland's attorney general. These task forces included: (1) state plan, (2) priority of services, (3) data processing, (4) cooperative agreements, (5) eligibility/ ineligibility, (6) quality assurance, (7) agency forms, and (8) affirmative action-consumer affairs.

In the process of performing their specific charges, these groups collected information relative to what other states were doing about similar issues. The information gathered indicated there were substantial efforts being undertaken to improve the quality of services provided to handicapped persons. In formulating their final recommendations, it was clear that the thrust of all program efforts would need to focus upon improving the quality of services provided to the handicapped population in Maryland.

In line with this emphasis upon improved quality services, the quality assurance task force had acquired information concerning the Management Control Project. This pilot project offered Maryland the opportunity to receive assistance in working toward improving quality services and increasing professionalism of its staff.

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B. Organized Project Activities

Project Development

In early July, 1978, four task groups were designated to begin designing the new management system. Representation included the Rehabilitation Services Administration, Georgia Division of Vocational Rehabilitation personnel (both supervisory and counselor levels), and the Rehabilitation Counselor Training Program personnel from the University of Georgia. In approaching their respective assignments, the task force groups made the following assumptions:

1. Statutory requirement of the 1973 Rehabilitation Act and its amendments must be met;
2. The mechanics of the project must fit into the on-going services delivery concept;
3. All eligible applications must continue to be served;
4. Information data obtained for the Management Control Project must be congruent with the reporting system requirements; and
5. An increase in paperwork should be avoided.

Assignments were as follows:

1. Experimental Design Task Group
   a. Select the experimental area and a suitable area for comparison purposes;
   b. Develop measurement criteria and select the appropriate instrumentation;
   c. Develop standards and the appropriate intervals for collecting pre- and posttest measures;
   d. Write a description of the experimental design component of the project.
2. Personnel Task Group
   a. Develop competency statements for rehabilitation counselors at the dependent and independent levels of functioning. Determine which of these

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competency statements are job related requirements and which relate to professional functioning;

b. Develop a mechanism for measuring and determining the level at which counselors are functioning;

c. Develop a proposal that would provide Merit System support for the experimental district to implement an independent and dependent system with the flexibility of moving personnel between these statuses if their job performance so warrants.

3. Casework Process Task Group

a. Review existing casework process requirements and statistical reporting requirements and eliminate those that are incompatible with the management control system;

4. Standards Task Group

a. Develop the standards against which district performance will be measured in the implementation of the project;

b. Develop a system of Management by Objectives format for achieving counselor concurrence with the district standards and a clear statement of standards against which the counselor will be evaluated.

The four task force groups attempted to set aside the present system of rehabilitation management and process, and focus their attention on the development of standards that would attack the problem areas identified, i.e., (a) ineligible clients being served, (b) insubstantial services provided clients, and (c) unsatisfactory outcome results. Essentially, each task group sought to determine the basic requirements of the rehabilitation legislation and develop a simple system to accommodate those requirements. Sequentially the process included: (1) development of the standards; (2) development of a casework model; and (3) development of a research design to measure the proposed standards. Five

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performance standards were developed and approved by the steering committee. Each standard was developed with the assumption that all eligible clients applying for rehabilitation services were equally eligible. As the task groups designed a system for experimental implementation in Georgia, planners of the MCP set forth the following objectives:

1. To improve the quality of services to all eligible disabled persons (especially the severely handicapped);
2. To increase the effectiveness of management approaches to quality services;
3. To decrease superfluous task and process demands required of counselors in case management;
4. To develop and field test alternatives to traditional modes of case management outcomes;
5. To assess the overall effectiveness of the MCP as an alternate approach to achieving quality case outcomes; and
6. To demonstrate a cost/beneficial outcome by increasing independent professional functioning accompanied by a decrease in supervisory time.

The task groups agreed upon these objectives and selected an experimental area (one of the eight administrative geographic districts in the Georgia agency) for pilot implementation. The experimental area was selected early in project planning in order to allow experimental staff to participate in designing the project and implementing the system in a pilot phase.

During the planning phase performance standards were developed with criteria for measuring accomplishment of the standards (see Appendix A). Levels of performance were set for independent functioning. Casework requirements were reviewed and those requirements considered incompatible with MCP philosophy were eliminated. Simplified casework process forms consistent with revised process requirements were developed. "Pretest" and "posttest" dates were selected and it was decided

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that performance would be measured according to the newly developed standards.

The following three basic objectives guided the development of a research methodology and design for evaluation of the project: (1) to produce objective, meaningful results; (2) to keep additional data gathering in the experimental and control districts at a minimum; and (3) to test out a new supervision (management control) system without disrupting the normal delivery of vocational rehabilitation services to clients.

The East District of the Georgia DVR agency was selected as the experimental region for three basic reasons: (1) the East District was often designated as the experimental region for innovative concepts by the parent DVR organization and the Department of Human Resources; (2) the East District was representative of a typical VR district in geographical area, population, urban-rural configuration, community resources, and types of VR services available; and (3) the close proximity of the University of Georgia's Rehabilitation Counselor Training Program and the University computer center. An experimental district description is located in Table 1. Utilizing comparative data from the Georgia DVR agency, the Southeast District was selected as the control district. This district was the most similar in population, resources, urban-rural configuration, similarity of caseload types, and number of VR counselors. A control district description is presented in Table 2.

Project designers expected that achievement of project objectives would have major impact on administration, service delivery personnel, and client outcomes of a state rehabilitation agency.

It was felt that improvement in agency and administration would relate to the development of an organization with a goal or product oriented approach consistent with the theoretical

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Table 1

General Description of Experimental District

Basic

Total Population	528,500	
DVR Caseloads	35	
Population/Caseload	16,515	
Augusta Population	120,000	(Largest Metro Area)
Number of Offices	7	

Professional Staff

Administrative:	
District Director Augusta	1
Assistant District Director Athens	1
Casework Supervisors	3
Rehabilitation Counselors	35

Caseload Types (n=35)

General	10
Mental Retardation	6
Mental Illness	3
Rehabilitation Residence (Mental Illness)	1
Blind	2
Public Offender	1
Deaf	1
General/Mental Retardation	4
Workers' Compensation	2
SSI/SSDI Trust Fund	2
Talmadge Hospital	3

Facilities

Easter Seal (Augusta)
Kelley Workshop (Athens)
Rehabilitation Residence (Augusta)
Regional Mental Hospital (Augusta)
Gracewood Vocational Adjustment Center (Augusta, Statewide)
Eugene Talmadge Memorial Hospital (Augusta, Statewide)

1978 Fiscal Year #26 Closures = 1,176

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Table 2

General Description of Control District

Basic

Total Population	543,100	
DVR Caseloads	34	(2 vacant)
Population/Caseload	15,517	
Savannah Population	118,349	(Largest Metro Area)
Number of Offices	7	

Professional Staff

Administrative:	
District Director Waycross	1
Assistant District Director Savannah	1
Casework Supervisors	3
Rehabilitation Counselors	32

Caseload Types (n=32)

General	15
Mental Retardation	8
Mental Illness	1
Rehabilitation Residence (Mental Illness)	1
Blind	2
Public Offender	1
General/Deaf	1
Mental Illness/General	1
General/Epileptic Clinic	1
Public Offender/Mental Retardation/Mental Illness	1

Facilities

Goodwill Facility (Savannah)
Rehabilitation Workshop, Inc. (Waycross)
MI Rehabilitation Residence (Savannah)
Regional Mental Hospital (Savannah)

1978 Fiscal Year #26 Closures = 1,605

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components of a Management Control System--the statement of measurable standards, and the establishment of a reward system that embraces work performances, minimum standards, and employee motivation. Decreased administrative expense was anticipated as a result of the reduction of casework recording and record keeping. A subsequent decline in the need for statistical data collection, storage, and processing was also anticipated. A redeployment of some supervisory and clerical personnel into service provision was anticipated with the advent of independent functioning counselors and the decrease in casework recording and paperwork processing.

Inherent in the development of a management control system was potential benefit to the rehabilitation counselor. It was felt that morale would increase as management controls were eliminated and the service provider had the opportunity to function with a maximum degree of freedom and responsibility. The professional status of the rehabilitation employee was expected to be enhanced by the freedom to be responsible for time, actions, and consequences of efforts. The assessment procedure and instrument designed for the new system were vastly improved and could be applied in an equitable fashion. Because of performance based assessment procedures, personnel assets and deficiencies were expected to be readily apparent so that corrective action could be taken as appropriate.

A major MCP objective concerned the assessment of the impact of an outcome-oriented service delivery system on the individual client. Anticipated impacts were grouped within eligibility determination, the Individualized Written Rehabilitation Program, and client outcomes:

1. Eligibility Determination
    a. More effective information gathering and decision-making with regard to eligibility determination.
    b. More extensive analysis and consideration of handicapping conditions of disability.

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c. Increased attention to and consideration of "substantial handicap to employment" criterion.
d. Expanded and more relevant utilization of extended evaluation.
e. Improved, meaningful client appeals procedure.

2. Individualized Written Rehabilitation Plan (IWRP)
   a. Improvement in development of intermediate objectives and planning for related services.
   b. More effective identification and utilization of non-VR resources (similar benefits).
   c. More effective utilization of funding resources for client services (fiscal accountability).
   d. Increased client involvement in planning and monitoring of IWRP.

3. Client Outcomes
   a. Placement in jobs easily consistent with the handicapping effects of disability.
   b. Increased annual earnings.
   c. Increased client satisfaction with VR services.
   d. Increased numbers of clients terminated from public assistance roles.
   e. Expanded and more relevant utilization of post-employment services.

Initial Project Implementation

A four-member external casework review team was selected for pre-post project assessment. Team members were selected from state rehabilitation agencies outside of Georgia in order to reduce bias as much as possible. Interrater reliability was established and pretest assessment in the skill areas was completed during April, 1979. By this time, the entire experimental district staff (managers, counselors, and support personnel) was thoroughly oriented and trained in the skills area (eligibility, IWRP, financial accountability, and closure). Interrater reliability was also established

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for experimental managers. The project was in a trial implementation phase until July 1, 1979 when full installation occurred with implementation of the revised casework system, project standards, and monthly performance assessment with evaluative feedback by internal reviewers (experimental managers). Posttest assessment, scheduled for June, 1980, answered the following research questions:

1. Does the management control system have a significant positive effect on performance in eligibility determination?
2. Does the management control system have a significant positive effect on performance in IWRP development?
3. Does the management control system have a significant positive effect on performance in financial accountability?
4. Does the management control system have a significant positive effect on performance in case closure?

During the spring of 1979, the National Institute of Handicapped Research suggested that project staff closely scrutinize the research design and that this could be facilitated through consultation with experts. Project staff recognized the potential for conducting previously unplanned research and also the possibility that research might be enhanced by expanding the sample population size. As a result, a committee of research and statistical experts was formed and brought to Atlanta in order to provide recommendations concerning these matters. These recommendations were incorporated into a research plan designed to demonstrate the impact of the management control system on clients, counselors, supervisors, and administrators.

The original grant narrative proposed that, given positive experimental results, implementation of the project on a state-wide basis would begin in July, 1980. During the fall of 1979, however, agency management was confronted with serious

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problems within the organization which they felt necessitated immediate corrective action. Of major concern were: (1) the reduction of state funds resulting in major counselor case service budget cuts, and (2) RSA audit results identifying deficiencies in eligibility determinations. Planned action included the implementation of an order of selection system which would assure that case service monies would be available for the most severely handicapped clients. Clients not classified as severely handicapped or not served by an agency having a cooperative agreement with DVR would not be eligible for purchased services. To correct deficiencies identified through the audit, the agency felt that a major training effort aimed at eligibility determination would be essential.

Implementation of an order of selection and a training effort to correct eligibility deficiencies would have had a negative impact on the project's research design because of its confounding effect. The potential effect was explored with the research design committee who after a thorough assessment, met with agency administrators to discuss alternative plans. Although the agency asserted their desire not to negatively impact the research design, it was apparent that the experimental and control districts could not be excluded from day to day management action. One task of the research design committee became the development of project research methodology to control for management action which would have an adverse impact on the research effort.

A second meeting of the research design committee resulted in the formulation of a plan of control for management action adversely affecting the project. The implementation of an order of selection was recognized as essential given the existing financial circumstances in the Georgia DVR agency. We speculate that it has had a negligible impact on the research design. It was felt that training on eligibility determination conducted by the agency would be influenced

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by previous project training in the experimental district. Thus we could anticipate a negative influence on the comparison of the experimental and control districts as well as an impact on our training module design should state-wide implementation be a reality in July, 1980 and the control district receive training prior to scheduled posttesting.

The research design committee recognized the opportunity to greatly enhance the credibility of the research design by: (1) increasing the population size and gathering data similar to that being collected in the experimental and control districts; (2) expanding research areas to be studied; (3) demonstrating the capability of a state agency to implement such a system with existing resources; (4) maintaining the experimental and control districts as originally planned in spite of management action which had the potential of severely damaging project research efforts; and (5) increasing the time available to observe the system in place without changing the research design as approved by the grantor. The committee further suggested that the agency might be receptive to participating in the research effort on a state-wide basis due to recent audit findings and other problems identified. If the plan were accepted by the agency, it was the consensus of the research design committee that "the project has the potential of being the most credible research effort we've experienced in an R&D grant, one which could have an exciting and postive influence on the rehabilitation movement."

In a meeting held with agency executive staff, project staff presented a thorough orientation of the agency commitment required for state-wide expansion of the project, a complete explanation of research that would be collected, and a review of progress in the experimental district. Results of two interim experimental case reviews conducted by project reviewers indicated that performance in these areas had increased substantially. An additional state-wide case audit, independent

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of the MCP, indicated that MCP cases appeared to be sufficiently documented and superior to other cases external to the experimental district. In consideration of these factors, a decision was made by project staff and agency administration to stagger project training and implementation by district over the period January 2, 1980 through June 30, 1980. The control district received training in June and was thus maintained as a control for the period originally designated. This plan allowed for comparison of results in the experimental situation and for demonstrating the efficiency and effectiveness of the management control system in an entire agency.

Statewide Project Implementation

A training team composed of experimental district managers and counselors, project staff and university personnel, and agency state office staff completed management control system training for all agency field managers and counselors in June, 1980. The director of a rehabilitation counselor education program assessed the training program as it was presented to supervisory staff in February, 1980. Following the session he spent four hours with the trainers discussing delivery and content of material; his comments were very positive. Feedback from training participants was generally positive, also. The management control system became the official method of agency operation July 1, 1980 and was reinforced by the development of district task forces to assure smooth operation.

As planned, in April, 1980, project staff began training supervisors to review and rate case files in an effort to establish reliability and validity of case reviews. A statewide pretest case review was conducted by outside reviewers in July, 1980. The initial reliability sessions were completed in September, 1980 with independent rating of 12 active cases and five "08" closures. These ratings were utilized in calculating initial reliability and validity figures for supervisory

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staff. Project staff observed that while supervisors could easily detect and agree that a case file contained appropriate documentation, they were unable to agree and often inaccurate in determining the lack of appropriate documentation. An unanticipated result of the initial attempt to establish reliability and validity was the recognition that part of the inability to agree and rating inaccuracy resulted from agency policy which lacked clarity, contained conflicts, and was open to varying interpretations. Agency administration took a close look at the body of policy and instituted a system for rewriting the entire policy manual in order to eliminate the problems noted above. In addition, this led to the development of a quality analysis unit in the state office and a project updating and revision of standards with guidelines for reviewing case files.

In order to insure consistency with project philosophy and standards, Georgia casework forms (application for services, pre-printed agreement of understanding, and IWRP) were revised to reflect a reduction of items and simplified language. Edit checks on authorizations and invoices were computerized and reduced so that staff time was saved and a vendor could be paid within one week of invoice submission. The greater efficiency in authorization and invoice turn around led to adoption of the edit check system by the Georgia Department of Human Resources.

Expanding Project Support

Following statewide system installation in Georgia, project staff concentrated their efforts on maintenance activities with the Georgia agency, increasing project visibility, and interacting with other state/federal rehabilitation agencies interested in pilot testing the management control system.

Activities with the Georgia agency from September, 1980 until March, 1981 centered on assisting with the development of policy consistent with management control system philosophy.

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The eight assistant district directors were assigned the task of developing a new policy manual and, at the same time, were given the role of assuring quality casework in their districts. In conjunction with the new role, project staff concentrated time and effort with this group to develop reliability and validity in the case review process. An in-depth understanding of and skill in case review was expected to assist this group in writing policy which a counselor could easily interpret and utilize in rehabilitation activities and documentation of those activities.

The narrative description of the project was updated in July, 1980 and sent to all state directors, all rehabilitation counselor training program coordinators, RSA and NIHR officials, and other interested parties. Requests for it were numerous and reactions were extremely positive. The first project newsletter was reprinted because of great demand. The development of the counselor training manual continued and the manual was shared with Region IV rehabilitation educators for their input.

Project staff met with Case Review Schedule project staff and shared experiences and conclusions based on many case reviews, particularly reviews of the same cases in Nevada. Recommendations were made as requested by the CSAVR Client Services subcommittee which met with staff from both projects in September, 1980. The project recommendations were discussed by telephone conference with the full committee and parts were incorporated into policy recommendations and eligibility recommendations developed by committee members. The result was three recommendation papers presented to the CSAVR executive committee.

A statewide casework posttest was conducted in June, 1981. Results indicated that project implementation resulted in great improvement on all criteria of the project process standards. The outside review team found that cases meeting

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the eligibility standard had increased by 35%. Increases in meeting IWRP criteria ranged from a minimum of 40% to a maximum of 74%. It should be noted that the changes represented both an increased compliance with regulation/law and increased casework documentation of accurate decision-making, substantial interaction with clients, and appropriate planning and spending.

Project Implementation in Michigan and Maryland

The project director secured commitment from Michigan and Maryland VR agency directors to fully implement the management control system on an experimental/control basis. Administrative commitment was secured in Michigan on September 1, 1981 and in Maryland by December 15, 1981.

In both agencies an organizational analysis was completed. This included a study of the role and function of agency personnel and a complete review of policy and forms with suggestions for revisions, as appropriate. Satisfactory revisions were made in both states, including a complete revision of the Michigan policy manual and the development of a new policy manual in Maryland. Each agency developed a unique outcome measure which is consistent with agency operation and goals.

Pretesting of casework on the process standards was completed in Michigan during the week of September 21, 1981 and in Maryland during the week of January 11, 1982. Georgia Division of Vocational Rehabilitation personnel functioned as outside reviewers in both states after demonstrating a high degree of reliability and validity in the case rating process.

Administrative training was accomplished through a series of seminars regarding the conceptual development of the project, project philosophy, and technical operation of the management control system. A week of training in

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the application of project standards and criteria to case review was conducted in Michigan in November, 1981 and in Maryland in February, 1982. Participants were experimental first-line supervisors, and personnel responsible for supervisory performance and quality assurance. Project staff observed steady improvement in both states but have found that the development of reliability and validity among case reviewers is a difficult and time consuming task.

Training for experimental staff and other selected personnel (personnel responsible for policy, quality assurance, field services, etc.) was conducted in Michigan during December, 1981 and in Maryland during March, 1982. Project staff closely monitored feedback and provided assistance and reinforcement. Follow-up trips were conducted on a regular basis (eight to ten week intervals) to continue to develop reliability and validity of reviewers and to provide consultation as needed to counseling staff and agency administration. Extensive time has been spent in both states assisting personnel in developing the ability to take over the monthly reporting on casework process performance and to continue to work with case reviewers and measure reliability and validity.

Final posttesting was conducted in Georgia in June, 1982, providing a two year follow-up period; in Michigan during September, 1982, providing a nine month follow-up period; and in Maryland during October, 1982, providing a seven month follow-up period. Each state was provided an extensive report of results and project recommendations for future system utilization.

Project Forum

As part of the final phase of the R&D grant, a forum was held involving MCP pilot states, RSA, and NIHR. A planning task force representing the three pilot states was charged

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with the development of a program which would achieve the following objectives:

1. To disseminate information and research findings regarding the Management Control Project;
2. To continue investigation and evaluation of the management control system as an alternative to traditional agency management systems;
3. To share experiences of project participants as a means of contributing to future project utilization efforts; and
4. To form a coalition of participating MCP states to provide mutual support and continued dissemination of project information.

Rehabilitation counselors, managers, and administrators from the pilot agencies, representatives of RSA regional offices and NIHR, and project staff met in Atlanta on November 3-5, 1982. Pre-forum assignments had been given, an orientation provided to facilitators and recorders, and work group assignments made. Major issues discussed were:

1. Overview of Management Control Project Research and Demonstration Findings;
2. The Effects of the Project on Agency Staff;
3. The Effects of the Project on Agency Clientele;
4. Organizational Prerequisites for Effective Management Control Project Implementation;
5. Elements of an Effective Management Control System Implementation and Maintenance Plan; and
6. Effective Utilization of Management Personnel for Operationalizing the Management Control System.

A forum topic agency is found in Appendix B.

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Problems Encountered

During the project period, minimal problems were encountered. Fortunately, through the flexibility given an R&D grant, expert advise from NIHR and a research design committee, and the problem-solving skills of project staff, problems encountered became advantages resulting in a highly creditable research design and a much improved management system. A few initial ideas were discarded due to a lack of interest and support from pilot agencies or due to a grant period insufficient for the collection of meaningful data. Other ideas were tested and found to have little or no effect on performance or client outcome. Finally, exploration of a systems approach to the management of rehabilitation service delivery in a field setting has given project and staff the opportunity to demonstrate the adaptability of the management control system to organizations which operate within a constantly changing environment. The following areas reflect major issues requiring adjustment during the grant period.

Staff Time. The design of the Management Control Project has required extensive and ongoing staff involvement in three state agencies. Initially, it was felt that implementation of the management system to be demonstrated by the project would require five fairly simple stages: 1. explanation of the system to management; 2. pretesting; 3. counselor training in the application of standards; 4. posttesting; and 5. analysis of results. Implementation in the Georgia agency clearly demonstrated the value of a research and demonstration grant. Issues were forced to the front and required the attention of both the agency and the project. First it became immediately obvious that an organizational analysis was essential and extensive preparation of state office administration was necessary. It was found that state agency policy was a major impediment to successful application

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of standards. The development of essential management skills was overlooked and the skill level of counseling staff was overestimated. Although the research design remained intact, the implementation model changed to address deficiencies identified. Extensive preparation of the organization, including policy rewriting, became a part of the system's implemetation. Management skill development, team building, and behavior change were incorporated. Counselor training modules were refined to address major performance deficiencies. A mechanism to reinforce appropriate behavior became a part of the follow-up process.

The above has placed high demands on project staff. It must be noted that staff did not increase while demands did. The result required the shifting of some data collection and analysis to the end of the project period.

Reviewer Reliability/Validity. Recognition of the difficulty of developing and maintaining reliability and validity in the case review process has been slow. The need for supervisory training in the case review process was first recognized during statewide management control system training in Georgia. A total of 2½ days of training was planned and provided. Results were not encouraging; project staff found that individual supervisors were assessing the same information in many different ways and with varying degrees of accuracy. At that time the need for clear and definitive policy was recognized and planning for rewriting the Georgia manual of policy began; the policy rewriting process was implemented by the eight assistant district directors who were designated to have quality assurance responsibility in their districts. It was felt that the key to clear policy was found in understanding the application of policy to casework. Because of this, project staff spent ten days over a four month period working with this group

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during the initial phases of policy development. Many cases were reviewed and many reliability/validity studies were completed. Although reliability and validity were raised, project staff still felt that a minimum level had not been reached.

As a result of the experience in Georgia, project staff assured that policy was clarified and appropriate policy changes were made prior to any training efforts in Michigan and Maryland. A full week in each agency was devoted to training on the review process. Based on results of that training effort, it has been demonstrated that one week of training improves reliability and validity but is not sufficient to bring reliability and validity to a minimum level of acceptability. Major advances have been made, however, additional training and research is necessary before acceptable levels of performance can be reached.

Preparation for MCP Implementation. Project planners were initially unaware of the degree of organizational change which a state agency must undergo in order to implement the system prescribed by the Management Control Project. Project implementation within the Georgia agency demonstrated the effects of putting a management control system in place without consideration of necessary organizational changes and/or attentions. Project staff capitalized on the Georgia experience to assure that similar problems were not encountered in the Michigan and Maryland agencies. This awareness resulted in a much smoother implementation and allowed the total system to be demonstrated.

Very little organizational analysis was done prior to implementation in Georgia. Extensive organizational analyses were completed in Michigan and Maryland with emphasis placed on the state policy system and the quality assurance system. With the project's assistance, Michigan revised

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their policy manual while the Maryland manual was completely rewritten. After participating in both experiences, it is the project's opinion that a manual rewrite is a more effective method. However, it is recognized that this is dependent on policy in place within an individual state agency.

Project experience in three pilot states, as well as review of several other programs, reveals a lack of effective and efficient quality assurance systems. First, the structure of a system is not in place and second, personnel have not been prepared to provide reliable and valid feedback to staff regarding their performance.

A third area requiring change within participating agencies has been the roles and functions of some staff at both the state office and field service levels. This has been accomplished with minimal disruption in our pilot states.

Preparation time becomes a factor which must be considered as an implementation timetable is developed. A thorough organizational analysis can be completed, with the exception of policy review, in five days on site. Policy review is time consuming; it generally takes a minimum of two to three weeks. The rewriting of policy is much more time consuming. Georgia elected to involve the entire agency in this task and it took approximately eight months to complete. Michigan and Maryland assigned the responsibility to an individual, and the task was completed in less than two months.

Preparation of those who have responsibility for appraising counselor performance represents another major time segment. The project's methodology in Georgia demonstrated complete ineffectiveness. In Michigan and Maryland the project was able to demonstrate a more effective model which combined intensive performance analysis training with follow-up individual and group activities. While this method is much more effective, it needs additional refinement.

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Program Funding Cutbacks. Although there are disadvantages to experimentation in a field setting rather than a laboratory setting, the project has had the opportunity to confront real problems experienced by agencies. The system has proven to be effective under real circumstances and has passed a superior test.

The project has experienced the real world since its beginning. For example, on the first day of counselor training in Michigan, it was announced that one of our pilot offices would be closed. This resulted in employees being displaced, some losing their jobs, others bumping into new positions, and extreme staff anxiety. Maryland went through a very similar experience prior to project implementation.

Project staff provided additional training in Michigan to maintain the four pilot offices and did their best to deal with staff anxiety throughout the implementation process.

Although these problems were not desired, they provided the project with valuable experiences and further demonstrated the adaptability of the management control system.

Personnel Skill Level/Attitude Toward Change. The following presents two problems not anticipated at the project's onset. The project descriptions discuss a highly skilled professional providing rehabilitation services to handicapped citizens. Project staff have found that the degree of expertise at the counselor level and at the supervisory level varies tremendously. In developing training modules for the counselor level, the project had to revise training materials and format substantially in an attempt to deal with skill deficiencies. At the supervisor level, it was necessary to increase emphasis on management behavior and management leadership skills. Management skills in the rehabilitation process received greater than anticipated emphasis. Agency administrators have been made aware of the need for consequences when poor performance persists.

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Required performance change and the acquisition of necessary management skills will take longer than initially anticipated. Originally it was felt there would be positive response to the management control system by counselors and managers. The system received acclaim by the National Rehabilitation Counseling Association and correspondence from counseling groups was extremely encouraging. Actual implementation can be threatening to both counselors and managers. The system clearly pinpoints performance deficiencies as well as good performance. It requires management to acquire skills which are also regularly assessed.

Incentive Pay. The project was unable to investigate the relationship of supplemental pay to counselor performance due to delays in receiving approval from the Georgia State Merit System. Necessary rulings and approval were given by the Office of Attorney General, the Department of Human Resources, and the Office of Planning and Budget. The State Merit System delayed their approval due to legitimate problems identified in the proposed case weighting system. They were supportive of the incentive pay concept and agreed to work with project staff and the Georgia agency in developing an equitable system of rewarding exceptional counselor performance.

Agreement on an appropriate award system has now been reached but sufficient time was not available for the project to demonstrate the system adequately and report creditable results. The Georgia agency maintained a commitment to investigate the effectiveness of incentive pay and developed a special project within the agency. Once results are obtained they will be reported to the rehabilitation community.

Independent Counselor Status. Awarding independent counselor status has been delayed in the pilot agencies until managers responsible for performance reviews reach an acceptable level of reliability and validity. The project

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continues to maintain that a mechanism for attaining and awarding independent counselor status is important from a management efficiency standpoint and as a counselor performance incentive.

Five Status System. The project's first continuation request (approved effective 7-1-79) proposed a new status format. This reduced the current 16 status reporting system to a more compacted system of statuses. The proposed system of status reporting was as follows:

Status 1 - Referred/Applicant Status
Status 2 - Extended Evaluation Status
Status 3 - Service Delivery Status
Status 4 - Closed Rehabilitated Status
Status 5 - Closed Non-Rehabilitated Status

The project received approval from RSA to demonstrate the five status system in the Georgia experimental district. Demonstration did not go beyond the experimental district due to:

1. Federal waivers of certain reporting requirements were not sought;
2. The capacity of the agency's computer system was not sufficient to assess the effects of a five status system; and most importantly,
3. There was not sufficient interest from personnel within the experimental district or state to continue demonstration.

Case Weighting System. The case weighting system did not prove to be an effective measure of counselor productivity. The "ideal" closure was to be competitive rather than non-competitive; it was to be above minimum wage rather than below; it was to have been a case drawing public assistance rather than not; and it was to have cost less than $100 in case service expenditures. Such a system became difficult to implement as many problems result when these definitions

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are applied to real cases. Secondly, a major question of equity exists when applying this type outcome measure.

In light of these and other problems, several changes were instituted. Competitiveness was dropped as a weighting factor and income was given priority position and redefined into five levels of weekly income. The factor of public assistance was broadened to include a measure of severely handicapped in an effort to identify the more difficult cases. Expense was redefined to be greater or less than $225 representing the state (Georgia) median for FY'80. A weighting system was developed consistent with the above agency values which resulted in 30 closure types.

Although the revised weighted closure system was much improved, we found that the development of such a quanity measure was of more interest to university personnel than than state agency personnel. Following review of the revised system by the MCP Steering Committee, it was recommended that a task force on counselor performance be established. This task force included counselors, first line supervisors, and middle management from the Georgia DVR agency. They were charged with development of recommendations for: 1. measuring counselor performance according to the four process standards developed by MCP and, 2. appropriate outcome measure. After review of the proposed weighted closure system, the task group recommended against its implementation. Agency administrators have not played a strong advocacy role. The system therefore, died due to lack of interest.

Although the proposed weighted closure system has not been implemented in any project states, its influence is apparent. Philosophically, the MCP stresses the importance of agency expectations being communicated clearly to the counseling staff. The MCP also suggests that agency administration has the right and responsibility to establish values in accordance with its mission. The project's work on an

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outcome measure has accomplished this and we find closure expectations being clearly communicated.

Agency Policy. The effects of the management control system on agency policy have been great. Following the project's initial training effort with Georgia agency supervisors, an acceptable level of reliability and validity could not be reached. It was immediately obvious that a part of this problem resulted from policy which was vague in places, conflicting in places, and often open to varying interpretations. As a result of this experience, the assessment of agency policy is completed as part of the project's organizational analysis.

Grant Time Constraints. Of major concern to project staff has been the inability to collect meaningful data within the time period of the R&D grant. This has resulted in several critical research questions remaining unanswered. Since the majority of cases affected by the installation of the management control system in the pilot states have not reached a closure status, it is impossible to provide creditable data concerning the relationship of counselor performance to client outcome or the effect of the system on expenditures per client case. The pilot agencies are aware of this deficiency and plan to have their respective research sections analyze appropriate data after a sufficient time has passed. Project staff hope to assist in the analysis at that time.

The majority of the issues reported in this section have strengthened the management control system demonstrated. The project emphasis on the analysis of an organization prior to system implementation, resolving questionable practices and undefined roles, policy development, effective management of organizational change and process analysis skills are strong components of the system rather than problem areas as initially identified.

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C. Results and Discussion

Performance on Process Standards

Results of case reviews completed by reviewers external to each state are presented in Tables 3-9. In each instance, the most recent counselor casework was selected for review. In all reviews cases were randomly assigned to reviewers.

Chi-square tests of homogeneity were used in all analyses due to the categorical nature of the data. A chi-square test was performed for rater responses to each criterion on every case (case closure criteria were considered seperately). The same cases were involved in two tests (cases in status 08) or ten tests (active cases) thus creating a problem of interpretation because these various tests on the same case are not independent. A procedure for interpreting several chi-square tests performed simultaneously despite correlations among the test statistics is described in Jensen, Beus, and Storm (1968) and was utilized. Each test statistic was compared with a critical point from the distribution of the appropriate Bonferonni chi-square statistic which depends on the number of tests involved and the degrees of freedom of each.

Pretest Results

Four employees from the Mississippi and North Carolina rehabiliation agencies formed the "outside" review team for case reviews in Georgia. These reviewers were thoroughly trained on project standards and the utilization of the rating form (Appendix C). Rater consistency was established at 85% in Feburary, 1979. Results of their pretest review of cases from the experimental and control districts is presented in Table 3. There are no significant differences between the two districts with the exception of Case Closure Criterion A, rationale for closure, on which experimental counselors performed significantly better than control counselors.

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Table 3

Georgia Performance Data*
Experimental-Control Comparison
Pretest

	Experimental 3-79 (n=84)	Control 4-79 (n-79)	Chi-Square Value df-1	Significance
ELIGIBILITY				
A. Evidence of comprehensive diagnostic study	79%	79%	0	ns
B. Description of vocational handicap	63	60	.09	ns
C. Rationale for reasonable expectation	57	54	.12	ns
STANDARD SCORE	65.7%	63.6%		
WRP				
A. Rationale for vocational goal	46	45	.07	ns
B. Objectives/services consistent with vocational handicap	52	50	.05	ns
C. Time frames for services	50	49	.01	ns
D. Measurable evaluation criterion for each objective	4	1	.03	ns
E. Evidence of client involvement	55	54	.00	ns
STANDARD SCORE	41.4%	39.8%		
FINANCIAL ACCOUNTABILITY				
A. Only necessary expenditures	43	37	.10	ns
B. Consideration/utilization of similar benefits	46	45	.01	ns
STANDARD SCORE	44.5	41		
CASE CLOSURE	(n=88)	(n=84)		
A. Rationale for closure	78	62	15.64	.01
B. Written notification of rights	42	40	.04	ns
STANDARD SCORE	74.4%	59.8%		

*Percentages represent cases which met the criteria.

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A counselor, a first-line supervisor, and a quality assurance specialist from the Georgia rehabilitation agency formed the "outside" review team for Michigan case reviews. These three people had been involved in the management control system in Georgia and, in addition, were trained in case review by project staff. Interrater reliability was calculated as suggested by Winer (1971, p. 285) and was at least .80 on each process standard. For each counselor, the four cases most recently placed in "08" status were chosen for review.* As Table 4 demonstrates, results of the pretest case review indicated that there were no significant experimental-control differences on any of the performance criteria.

Three assistant district directors from the Georgia rehabilitation agency formed the "outside" review team for Maryland case reviews. They were thoroughly oriented to the management control system and interrater reliability (Winer, 1971, p. 285) was found to be at least .85 on each process standard. For each counselor, the four cases most recently placed in service status and the two cases most recently placed in "08" status were chosen for review. Table 5 presents pretest results which demonstrate no significant experimental-control differences.

Posttest Results

Hypothesis

> The experimental district will perform at a significantly higher level than the control district on the case review of the process standards (eligibility, ineligibility, IWRP, financial accountability).

At posttest (see Table 6) Georgia experimental district counselor performance was rated significantly higher than control district performance on all criteria except Eligibility

*In all instances the most recent casework was selected to gain as accurate a view as possible of counselor performance. In addition, in all instances, the sample was the largest number of cases the project could afford in terms of reviewer expense.

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Table 4

Michigan Performance Data*
Experimental-Control Comparison
Pretest

	Experimental 9-81 (n=172)	Control 9-81 (n=145)	Chi-Square Value df-1	Significance
ELIGIBILITY				
A. Evidence of comprehensive diagnostic study	78.5%	80.7%	.234	ns
B. Description of vocational handicap	44.2	38.6	1.003	ns
C. Rationale for reasonable expectation	36.1	35.9	.001	ns
STANDARD SCORE	51.66%	50.32%		
IWRP				
A. Rationale for vocational goal	29.1	30.3	.061	ns
B. Objectives/services consistent with vocational handicap	25.0	26.9	.148	ns
C. Time frames for services	16.3	24.1	3.051	ns
D. Measurable evaluation criterion for each objective	23.3	26.2	.369	ns
E. Evidence of client involvement	29.7	30.3	.018	ns
STANDARD SCORE	25.82%	28.05%		
FINANCIAL ACCOUNTABILITY				
A. Only necessary expenditures	34.9	33.8	.041	ns
B. Consideration/utilization of similar benefit	33.9	33.8	.001	ns
STANDARD SCORE	34.50%	33.80%		
CASE CLOSURE	(n=100)	(n=98)		
A. Rationale for closure	54.0	51.0	.176	ns
B. Written notification of rights	72.0	79.6	2.263	ns
STANDARD SCORE	58.50%	58.15%		

*Percentages represent cases which met the criteria.

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Table 5

Maryland Performance Data*
Experimental-Control Comparison
Pretest

	Experimental 1-83 (n=148)	Control 1-82 (n=133)	Chi-Square Value df-1	Significance
ELIGIBILITY				
A. Evidence of comprehensive diagnostic study	70.3%	75.9%	1.141	ns
B. Description of vocational handicap	14.9	21.1	1.834	ns
C. Rationale for reasonable expectation	13.5	20.3	2.317	ns
STANDARD SCORE	31.0%	37.3%		
IWRP				
A. Rationale for vocational goal	13.5	18.1	1.089	ns
B. Objectives/services consistent with vocational handicap	12.2	18.1	1.907	ns
C. Time frames for services	4.7	9.0	2.048	ns
D. Measurable evaluation criterion for each objective	10.8	16.5	1.967	ns
E. Evidence of client involvement	10.8	19.6	4.207	ns
STANDARD SCORE	10.4%	16.3%		
FINANCIAL ACCOUNTABILITY				
A. Only necessary expenditures	12.8	20.3	2.850	ns
B. Consideration/utilization of similar benefits	13.5	18.9	1.523	ns
STANDARD SCORE	13.2%	19.6%		
CASE CLOSURE	(n=74)	(n=63)		
A. Rationale for closure	64.9	46.0	4.903	ns
B. Written notification of rights	62.7	51.6	1.743	ns
STANDARD SCORE	64.5%	47.1%		

*Percentages represent cases which met the criteria.

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Table 6

Georgia Performance Data*
Experimental-Control Comparison
Posttest

	Experimental 6-80 (n-99)	Control 6-80 (n=95)	Chi-Square Value df=1	Significance
ELIGIBILITY				
A. Evidence of comprehensive diagnostic study	93%	87%	1.65	ns
B. Description of vocational handicap	89	62	17.10	.01
C. Rationale for reasonable expectation	85	54	20.52	.01
STANDARD SCORE	88.8%	66.7%		
IWRP				
A. Rationale for vocational goal	74	47	13.71	.01
B. Objectives/services consistent with vocational handicap	79	49	17.33	.01
C. Time frames for services	79	6	13.86	.01
D. Measurable evaluation criterion for each objective	74	6	61.32	.01
E. Evidence of client involvement	85	54	20.52	.01
STANDARD SCORE	78.2%	32.4%		
FINANCIAL ACCOUNTABILITY				
A. Only necessary expenditures	71	39	19.03	.01
B. Consideration/utilization of similar benefits	84	52	21.48	.01
STANDARD SCORE	77.5%	45.5%		
CASE CLOSURE	(n=74)	(n=66)		
A. Rationale for closure	70	61	.04	ns
B. Written notification of rights	41	30	20.05	.01
STANDARD SCORE	67.1%	57.9%		

*Percentages represent cases which met the criteria.

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A and Case Closure A. Both districts improved in providing evidence of a comprehensive diagnostic study and there was little change in the appropriateness of closure rationale. Table 7 provides results of the statewide pretest-posttest comparison of counselor performance. This was based on a 15% random sample of counselors for whom the five cases most recently placed in service status and the five cases most recently placed in "08" status were sampled. Significant improvement on each criterion is demonstrated.

Michigan posttest results are found in Table 8. The review team and sampling procedure were identical to that at pretest although the sample size decreased due to counselor layoffs in both groups. Large improvement occurred among experimental cases on each criterion. Experimental counselor performance was significantly higher than control preformance on all criteria.

Table 9 presents Maryland posttest results. The review team and sampling procedure were identical to that at pretest. Large improvement occurred among experimental cases and these cases were found to meet criteria significantly more often than control cases on all criterial except Eligibility A and Case Closure A and B. Both experimental and control cases were found to have improved significantly on these criteria.

Hypothesis

The experimental district case files will have significantly fewer pages than the control district client case files.

Collecting data for testing this hypothesis was accomplished during posttesting through counting the number of narrative pages in each case file rated by the outside review team during the Georgia experimental/control posttest. Results are presented in Table 10. Although the average experimental district active case file contained a page less than the

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Table 7

Georgia Performance Data*
Statewide Pretest-Posttest Comparison

	Pretest 7-80 (n=190)	Posttest 6-82 (n=194)	Chi-Square Value df=1	Significanc
ELIGIBILITY				
A. Evidence of comprehensive diagnostic study	78%	89%	8.906	.05
B. Description of vocational handicap	51	85	52.555	.01
C. Rationale for reasonable expectation	42	75	43.567	.01
STANDARD SCORE	56.0%	82.7%		
IWRP				
A. Rationale for vocational goal	26	69	72.089	.01
B. Objectives/services consistent with vocational handicap	33	72	58.582	.01
C. Time frames for services	1	74	221.851	.01
D. Measurable evaluation criterion for each objective	2	65	174.947	.01
E. Evidence of client involvement	33	71	55.496	.01
STANDARD SCORE	19.0%	70.2%		
FINANCIAL ACCOUNTABILITY				
A. Only necessary expenditures	37	75	55.956	.01
B. Consideration/utilization of similar benefits	35	73	55.019	.01
STANDARD SCORE	36.0%	74.0%		
CASE CLOSURE	(n=190)	(n=162)		
A. Rationale for closure	82	90	5.153	.05
B. Written notification of rights	5	94	279.649	.01
STANDARD SCORE	74.3%	90.4%		

*Percentages represent cases which met the criteria.

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Table 8

Michigan Performance Data*
Experimental-Control Comparison
Posttest

	Experimental 10-82 (n=145)	Control 10-82 (n-97)	Chi-Square Value df-1	Significance
ELIGIBILITY				
A. Evidence of comprehensive diagnostic study	92.4%	76.3%	12.515	.01
B. Description of vocational handicap	81.4	36.1	53.331	.01
C. Rationale for reasonable expectation	78.3	23.2	70.600	.01
STANDARD SCORE	83.62%	43.65%		
IWRP				
A. Rationale for vocational goal	73.4	20.0	65.287	.01
B. Objectives/services consistent with vocational handicap	64.3	16.8	51.944	.01
C. Time frames for services	74.1	13.7	83.409	.01
D. Measurable evaluation criterion for each objective	73.4	16.8	73.124	.01
E. Evidence of client involvement	74.1	20.0	67.059	.01
STANDARD SCORE	70.85%	17.93%		
FINANCIAL ACCOUNTABILITY				
A. Only necessary expenditures	74.8	23.2	61.383	.01
B. Consideration/utilization of similar benefits	78.3	22.3	72.179	.01
STANDARD SCORE	76.20%	22.84%		
CASE CLOSURE	(n-104)	(n=73)		
A. Rationale for closure	84.6	65.8	8.574	.05
B. Written notification of rights	92.3	76.7	8.601	.05
STANDARD SCORE	86.33%	68.53%		

*Percentages represent cases which met the criteria.

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Table 9

Maryland Performance Data*
Experimental-Control Comparison
Posttest

	Experimental 10-82 (n=154)	Control 10-82 (n=140)	Chi-Square Value df=1	Significance
ELIGIBILITY				
A. Evidence of comprehensive diagnostic study	92.9%	92.1%	.054	ns
B. Description of vocational handicap	63.6	24.3	45.900	.01
C. Rationale for reasonable expectation	46.4	9.4	48.796	.01
STANDARD SCORE	66.4%	39.4%		
IWRP				
A. Rationale for vocational goal	41.2	7.2	44.857	.01
B. Objectives/services consistent with vocational handicap	39.9	7.9	40.034	.01
C. Time frames for services	40.5	5.0	50.824	.01
D. Measurable evaluation criterion for each objective	38.6	5.0	46.795	.01
E. Evidence of client involvement	40.5	8.6	39.147	.01
STANDARD SCORE	40.1%	6.7%		
FINANCIAL ACCOUNTABILITY				
A. Only necessary expenditures	46.4	9.4	48.796	.01
B. Consideration/utilization of similar benefits	41.8	8.6	41.689	.01
STANDARD SCORE	44.1%	9.0%		
CASE CLOSURE	(n=77)	(n=69)		
A. Rationale for closure	90.9	89.9	.047	ns
B. Written notification of rights	79.2	87.0	1.535	ns
STANDARD SCORE	88.6%	89.3%		

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*Percentages represent cases which met the criteria.

Table 10

Number of Narrative Pages
(July, 1980)

	Experimental	Control
Active (12-22) Cases	$\bar{x}$ = 4.14 s = 2.24 N = 105 cases	$\bar{x}$ = 5.37 s = 3.9 N = 98 cases
	t = 1.554 p > .05	
Closed Cases (08)	$\bar{x}$ = 1.67 s = 2.66 N = 75 cases	$\bar{x}$ = 2.53 s = 1.72 N = 76 cases
	t = 17.015 p < .0005	

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average control case, the difference was not significant. A significant difference was found, however, in case files closed "08" in which the experimental district case average was nearly one page shorter then the control district case average. Results support the hypothesis for "08" closures but not for active cases.

Hypothesis

> Among experimental district counselors there will be a significant negative correlation between expenditures per case and performance on the financial accountability standard.

Testing this hypothesis was accomplished utilizing results of the experimental case review posttest in Georgia. For each counselor a financial accountability standard score and average expenditure per case were calculated. Table 11 presents the results of the correlation of these figures. The correlation ($r = -.22$) was small and was not statistically significant ($p = .24$). The hypothesis was not supported.

Hypothesis

> There will be a significant positive correlation between performance on the process standards and outcome (total number of rehabilitations) in the experimental district.

Standard scores were calculated and number of rehabilitations for fiscal year 1980 was obtained for each counselor. Table 12 presents the results which fail to support the hypothesis.

Outcome Measurement: Closure Weighting

During initial project development, planners decided to develop and test a system which would assign values to successful rehabilitation closures. The "best" closure represented a client who was engaged in competitive employment, who earned more than minimum wages, who had drawn public assistance (intended to represent the severely disabled and those who relied on public funds for income) and who was rehabilitated with less than $100 of case service money expended.

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Table 11

Relationship Between Performance on the Financial Accountability Standard and Expenditures Per Case

N = 30 caseloads	
Financial Accountability	$\bar{x}$ = 77.5
	s = 32.7
Expenditures Per Case	$\bar{x}$ = $ 926.37
	s = 1,119.37
r = -.22	
p = .24	

Table 12

Relationship of Performance on the Process Standards with Outcome n=30 Caseloads

	Mean	Standard Deviation	Correlation with Outcome	Probability
Eligibility	88.8%	27.3	.18	.33
IWRP	78.2	33.4	.20	.30
Financial Accountability	77.5	32.7	.25	.18
Outcome	23	15.2	-	-

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A system was developed and applied to data for successful rehabilitations in Georgia during fiscal year 1980. Many problems arose in the application of the system to real cases. Competitive employment is highly related to income (noncompetitive employment almost always results in little or no salary); clients often receive public assistance for reasons not related to disability (dependent children, unemployment, etc.); it is difficult to get accurate information regarding public assistance at closures; case service expenditures do not represent agency expenditures such as agency facility costs, costs of information obtained from agency sources; the distribution of closures among counselors is not normal; and, the distribution of closure "types" is skewed and tri-modal. In addition, the correlation of total weight per caseload with number of successful rehabilitations per caseload was .95. Based on these findings, the project steering committee turned the decision about adoption of the system over to an agency task force which decided not to implement a closure weighting system in the Georgia agency. Neither the Michigan agency nor the Maryland agency decided to implement such a system.

Survey Data

Results of statistical analyses of survey questionnaires are presented in Tables 13-38 . Survey data was collected in all states, although not all data was collected in each state in the same way. For all hypothesis testing, alpha was set at .05 as the level which must be reached for results to be considered statistically meaningful.

Hypothesis

Counselor perception of amount of time spent in various job functions related to process and paperwork tasks will be significantly lower in the experimental district than in the control district.

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Testing this hypothesis was accomplished through a survey questionnaire mailed to respondents. The questionnaire utilized in Georgia is found in Appendix D and the questionnaire utilized in Michigan and Maryland is found in Appendix E.

Table 13 presents the results of the Georgia experimental-control posttest conducted in June, 1980. Surveys were returned by 90% of the experimental counselors and by 87.5% of the control counselors. The t-test was utilized to analyze results for each subscale with the appropriate formula (for equal or unequal variances) utilized after the F-test for homogeneity of variances. A significant difference between experimental and control counselors' estimates of time spent in recording and reporting was not found and the hypothesis was not supported. Statistically tests failed to indicate significant experimental-control differences on any of the subscales.

The hypothesis was tested during Georgia statewide system implementation by mailing the survey at pretest (June, 1980) and posttest (June, 1982) to counselors in two of the Georgia administrative districts. Response rate was 87% at pretest and 100% at posttest. Results of analyses of these responses are presented in Table 14. The hypothesis is not supported; counselors report spending significantly more time in recording and reporting tasks at posttest than they indicated at pretest. Analysis of other subscales of the survey show that counselors report spending significantly more time in job placement and follow-up activities while spending significantly less time in administrative tasks, evaluative tasks, and professional/agency development. Although the hypothesis is not supported, these results do indicate that following system implementation counselors appear to spend more time in activities directly related to client rehabilitation.

The hypothesis was tested in Michigan among experimental and control counselors at pretest (October, 1981) and at

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Table 13

Perceptions of Time Utilization*
Georgia Experimental and Control Counselors
Posttest Comparison (July, 1980)

Subscale	Experimental (n=28)	Control (n=28)	t	p
Administration/ Supervision	8.3	8.0	-.1768	.86
Evaluating	7.5	8.3	.6039	.55
Consultation/ Referrals	13.8	12.6	-.5513	.58
Professional/Agency Development	8.0	6.8	-.5660	.58
Client Counseling & Placement	32.4	34.1	.4680	.64
Job Placement & Follow-up	13.6	11.6	-.7869	.44
Recording & Reporting	16.3	18.1	.6969	.49

*Results presented are mean percent of time estimated by respondents.

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Table 14

Perceptions of Time Utilization
Counselors in Two Georgia Districts
One-Way ANOVAs

Subscale	Time*	Mean (% of Time)
Administration/ Supervision	0	10.5
	2	7.9
		F = 4.91
		p = .03
Evaluating	0	10.0
	2	6.8
		F = 13.03
		p = .0005
Consultation/ Referrals	0	11.8
	2	12.0
		F = .04
		p = .84
Professional/ Agency Development	0	8.0
	2	5.7
		F = 9.54
		p = .003
Client Counseling & Placement	0	33.4
	2	33.7
		F = .02
		p = .90
Job Placement & Follow-up	0	9.0
	2	12.6
		F = 11.34
		p = .001
Recording & Reporting	0	17.3
	2	21.5
		F = 5.64
		p = .02

*0 = Pretest
n = 55
2 = Posttest
n = 63

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posttest (October, 1982) through an analysis of variance. Data was collected by agency staff development personnel during office visits. Pretest responses were received from 100% of experimental and 100% of control counselors. Posttest responses were received from 81% of experimental counselors and 82% of control counselors. Results of analyses are found in Table 15 which indicates the F-test for interaction of time research group. The hypothesis was not supported.

The hypothesis was tested in Maryland at posttest (October, 1982) when surveys were mailed to experimental counselors (87.8% response) and control counselors (78% response). Table 16 presents the results which do not support the hypothesis, although results indicate that control counselors report spending significantly more time than experimental counselors in professional growth activities.

Hypothesis

The experimental/control comparison will show that experimental district supervisors spend significantly more time in development/consultative activities and less time in technical/monitoring/interpretation activities.

Testing this hypothesis was accomplished through utilization of a survey questionnaire. The Georgia questionnaire is found in Appendix F and the Michigan/Maryland questionnaire is found in Appendix G.

The hypothesis was first tested during the Georgia experimental/control posttest in June, 1980. Responses to mailed surveys were received from 100% of both experimental and control supervisors. Results, found in Table 17, do not lend support to the hypothesis. The only significant subscale difference was the area of fiscal duties in which control supervisors reported spending significantly more time than experimental supervisors.

During Georgia statewide system implementation, the

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Table 15

Perceptions of Time Utilization*
Michigan Counselors
Two-Way ANOVAs (Interaction Results)

Subscale	Pretest Experimental (n=41)	Pretest Control (n=40)		Posttest Experimental (n=30)	Posttest Control (n=23)
Counseling & Guidance	31.1	33.4	F=.64 p=.43	29.8	28.5
Recording/ Report Writing	22.9	25.4	F=.01 p=.91	25.2	27.3
Overall Planning of Work	9.3	7.2	F=.35 p=.56	9.0	7.8
Placement	14.9	16.1	F=1.24 p= .27	13.3	18.0
Public Relations & Outreach	5.0	5.6	F=1.54 p= .22	7.3	5.4
Professional Growth	4.3	4.3	F=.59 p=.45	4.3	3.3
Coordinating Services	12.4	8.2	F=1.75 p= .19	10.8	9.7

*Results presented are mean percent of time estimated by respondents.

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Table 16

Perceptions of Time Utilization*
Maryland Counselors

Posttest

Subscale	Mean (% of Time) Experimental (n=36)	Control (n=32)	t	p
Counseling & Guidance	31.3	33.2	-.6304	.54
Recording/ Report Writing	26.7	22.6	1.7483	.09
Overall Planning of Work	9.0	8.7	.2544	.80
Placement	8.9	11.6	-1.8920	.07
Public Relations & Outreach	5.9	5.2	.8277	.42
Professional Growth	5.1	7.5	-2.3494	.03
Coordinating Services	12.8	11.2	.9067	.37

*Results presented are mean percent of time estimated by respondents.

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Table 17

Perceptions of Time Utilization*
Georgia Supervisors
Experimental-Control Posttest Comparison

Subscale	Experimental (n=4)	Control (n=3)	t	p
Fiscal Duties	4.4	13.3	5.6756	.003
Administrative Duties	11.3	13.3	.2768	.79
Staff Development Duties	6.9	8.3	.4092	.69
Public Relations Duties	11.3	9.3	-.7338	.49
Case Management/ Quality Assurance	41.3	40.0	-.0815	.94
Consultative Duties	13.8	8.3	-1.3628	.23
Miscellaneous	10.0	8.3	-.2742	.79

*Results presented are mean percent of time estimated by respondents.

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hypothesis was tested through analysis of surveys mailed to supervisors in two Georgia districts at pretest (June, 1980) and posttest (June, 1982). Results found in Table 18 represent a 100% return at pretest and an 83% return at posttest. The hypothesis was not supported; there were no significant pretest-posttest differences on any of the subscales.

The hypothesis was tested in Michigan among experimental and control supervisors through an analysis of variance of pretest results (October, 1981) and posttest results (October, 1982) collected by Michigan agency staff development personnel. Pretest responses were received from 88.9% of experimental supervisors and 70% of control supervisors; posttest responses were received from 77.8% of experimental supervisors and 70% of control supervisors. The hypothesis was not supported. Table 19 presents results including the ANOVA F-test for interaction of time and research group on each subscale. There are no statistically significant differences among means on any of the subscales.

The hypothesis was tested in Maryland at posttest (October, 1982) through analyzing questionnaires mailed to each supervisor in the experimental and control districts. Responses were returned by 100% of those surveyed. Table 20 presents results of t-tests (formula adjusted for equal or unequal variances) calculated for each subscale. The hypothesis is partially supported in that experimental supervisors report spending significantly less time than control supervisors in case management duties although there is not a significant difference in time reported to be spent in consultative activities.

Hypothesis

The experimental/control comparison will show that experimental district secretaries spend significantly more time in direct client assistance activities and less time in clerical/paperwork activities.

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Table 18

Perceptions of Time Utilization
Supervisors in Two Georgia Districts
One-Way ANOVAs

Subscale	Time*	Mean (% of Time)
Fiscal Duties	0	9.7
	2	7.2
		F = .51
		p = .50
Administrative Duties	0	11.5
	2	18.0
		F = 1.18
		p = .31
Staff Development Duties	0	15.2
	2	9.2
		F = 1.34
		p = .28
Public Relations Duties	0	11.0
	2	5.2
		F = 2.01
		p = .19
Case Management	0	30.5
	2	39.0
		F = .85
		p = .38
Consultative Duties	0	11.0
	2	10.8
		F = .00
		p = .97
Miscellaneous	0	9.5
	2	10.6
		F = .05
		p = .83

*0 = Pretest
n = 6
2 = Posttest
n = 5

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Table 19

Perceptions of Time Utilization*
Michigan First Line Supervisors
Two-Way ANOVAs (Interaction Results)

Subscale	Experimental (n=8)	Control (n=7)		Experimental (n=7)	Control (n=7)
Budget Management	11.3	12.1	F=.13 p=.72	7.6	6.9
Administrative Duties	18.8	25.0	F=.13 p=.72	13.9	17.1
Staff Development Duties	10.3	7.1	F=1.35 p= .26	10.7	13.6
Public Relations Duties	17.8	13.6	F=.04 p=.85	15.7	12.4
Case Management	21.9	24.3	F=.11 p=.75	27.9	34.3
Consultation Duties	20.1	18.6	F=1.03 p= .32	24.3	16.4

*Results presented are mean percent of time estimated by respondents.

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Table 20

Perceptions of Time Utilization
Maryland First-Line Supervisors

Subscale	Mean (% of Time) Experimental (n=8)	Control (n=7)	t	p
Budget Management	5.9	8.1	-.9656	.36
Administrative Duties	22.9	16.9	.8652	.41
Staff Development Duties	15.6	13.1	.5908	.57
Public Relations Duties	13.1	12.9	.1096	.92
Case Management	18.8	30.0	-2.8860	.02
Consultation Duties	23.8	19.0	1.1490	.28

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A survey questionnaire was used to test this hypothesis. The instrument used in Georgia is found in Appendix H and the instrument used in Michigan and Maryland is located in Appendix I.

The hypothesis was first tested during the Georgia experimental/control posttest in June, 1980. The response rate was 100% from both experimental and control districts. As shown in Table 21, a significant difference was found only in one of the areas of secretarial responsibility. Experimental district secretaries reported spending nearly double the amount of time control district secretaries reported in secretarial/aide duties. This is consistent with the hypothesis although reduction of experimental secretary duties was spread evenly among the other areas rather than being concentrated in clerical/paperwork activities.

During Georgia statewide system implementation, the hypothesis was tested through analysis of surveys mailed to secretaries in two Georgia districts at pretest (June, 1980) and posttest (June, 1982). Table 22 presents analysis of results which are based on a 100% pretest response and a 92% posttest response. The hypothesis was not supported. The only significant finding was that secretaries spent less time at posttest in miscellaneous duties.

The hypothesis was tested among experimental and control secretaries through an analysis of variance of pretest results (October, 1981) and posttest results (October, 1982) collected by Michigan agency staff development personnel. Pretest responses were received from 86.7% of experimental secretaries and 82.7% of control secretaries; posttest responses were received from 28% of experimental secretaries and 84.6% of the control secretaries. Results of hypothesis testing are found in Table 23 which represents the F-test for interaction of time and research group; the hypothesis is not supported.

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Table 21

Perceptions of Time Utilization*
Georgia Secretaries
Experimental-Control Posttest Comparison

Subscale	Experimental (n=21)	Control (n=22)	t	p
Financial/Statistical Reporting	24.0	26.6	.8673	.39
Dictation/ Transcription	25.3	34.1	1.9643	.14
Receptionist	12.4	12.6	.0968	.92
Miscellaneous	11.9	12.5	.2894	.77
Secretarial/ Aide Duties	26.4	13.7	-2.1056	.05

*Results presented are mean percent of time estimated by respondents.

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Table 22

Perceptions of Time Utilization
Secretaries in Two Georgia Districts
One-Way ANOVAs

Subscale	Pretest Mean (% of time) n = 43	Posttest Mean (% of time) n = 36	F	p
Financial/ Statistical Reporting	25.0	28.4	1.84	.18
Dictation/ Transcription	33.1	32.5	.04	.85
Receptionist	13.9	14.1	.00	.95
Miscellaneous	12.5	9.6	4.16	.05
Secretarial/ Aide Duties	15.8	15.4	.03	.87

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Table 23

Perceptions of Time Utilization*
Michigan Secretaries
Two-Way ANOVAs (Interaction Results)

Subscale	Pretest Experimental (n=26)	Pretest Control (n=24)		Posttest Experimental (n=7)	Posttest Control (n=22)
Fiscal/Statistical Reporting	18.0	16.5	F=.11 p=.74	15.0	16.7
Dictation/ Transcription	51.5	50.4	F=.07 p=.80	55.1	50.7
Receptionist Duties	11.5	15.1	F=.38 p=.55	16.7	16.8
Aide Duties	7.8	7.0	F=.00 p=1.00	6.4	5.6
Miscellaneous	10.9	11.0	F=.46 p=.50	6.7	10.2

*Results presented are mean percent of time estimated by respondents.

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Data was collected at posttest (October, 1982) from Maryland experimental and control secretaries to test this hypothesis. Results presented in Table 24 represent responses from 80.6% of experimental secretaries and 100% of control secretaries. Survey subscales were analyzed through t-tests (Formula adjusted for equal or unequal variances); the hypothesis was not supported. Findings, contrary to the hypothesis indicate that experimental secretaries spend significantly more time in clerical/paperwork activities (dictation/transcription subscale) than control secretaries.

Hypothesis

Counselor description of supervisor behavior will become significantly more positive.

This hypothesis was tested through utilization of the Leader Behavior Description Questionnaire (LBDQ)-Form XII (Stogdill, 1963). Appendix J contains a description of each of the twelve LBDQ subscales and a copy of the LBDQ itself.

The LBDQ was administered on the first day of system training sessions (Spring, 1980) for two Georgia districts and was mailed to counselors in these same two districts at posttest (June, 1982). Response rate was 100% at pretest and 80% at posttest. Results of statistical testing of each subscale are presented in Table 25. The only significant change from pretest was that at posttest counselors described supervisors as better able to tolerate uncertainty and postponement without anxiety or upset.

The hypothesis was tested in Maryland through a comparison of experimental counselor responses at pretest and posttest. At pretest, 87.8% of counselors returned the instrument which they were asked to complete on the first day of system training in March, 1982. There was an 87.8% response of the posttest questionnaire mailed to counselors in October, 1982. As Table 26 demonstrates, there were no statistically significant findings.

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Table 24

Perceptions of Time Utilization*
Maryland Secretaries

Subscale	Mean (% of Time) Experimental (n=25)	Control (n=25)	t	p
Fiscal/ Statistical Reporting	13.6	12.9	.2630	.80
Dictation/ Transcription	37.4	26.1	2.9804	.005
Receptionist Duties	22.1	28.2	-1.6044	.12
Aide Duties	14.6	16.5	-.7560	.46
Miscellaneous	11.9	15.9	-1.1314	.27

*Results presented are mean percent of time estimated by respondents.

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Table 25

Leadership Behavior Description Questionnaire
Counselors in Two Georgia Districts
One-Way ANOVAs

Subscale	Pretest Raw Score Mean (n=94)	Posttest Raw Score Mean (n=72)	F	p
Representation	19.2	18.4	2.95	.09
Demand Reconciliation	18.0	18.5	.63	.43
Tolerance of Uncertainty	33.6	36.6	8.54	.004
Persuasiveness	36.6	36.0	.36	.55
Initiation of Structure	38.7	38.7	.00	1.00
Tolerance of Freedom	36.5	37.6	.79	.38
Role Assumption	38.3	38.2	.00	.97
Consideration	36.9	37.6	.40	.53
Production Emphasis	33.4	34.8	2.90	.09
Predictive Accuracy	17.4	17.5	.00	.96
Integration	17.2	17.5	.26	.62
Superior Orientation	34.7	36.2	3.20	.08

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Table 26

Leadership Behavior Description Questionnaire
Maryland Experimental Counselors
One-Way ANOVAs

Subscale	Pretest Raw Score Mean (n=36)	Posttest Raw Score Mean (n=36)	t	p
Representation	17.6	18.3	-1.0180	.32
Demand Reconciliation	16.2	16.9	- .7161	.48
Tolerance of Uncertainty	30.9	32.0	- .5647	.58
Persuasiveness	31.2	31.3	- .0865	.94
Initiation of Structure	35.5	36.4	- .7602	.45
Tolerance of Freedom	34.4	36.6	-1.0559	.30
Role Assumption	34.1	35.6	-1.1598	.25
Consideration	33.1	33.4	- .1813	.86
Production Emphasis	30.8	31.1	- .2627	.80
Predictive Accuracy	15.9	16.2	- .3815	.71
Integration	15.5	15.7	- .1987	.85
Superior Orientation	33.8	33.9	- .1017	.92

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Hypothesis

Work alienation scores will show a significant decrease.

Testing this hypothesis was accomplished through utilization of the "Indices of Alienation," a survey instrument developed by Aiken and Hage (1966) to measure six facets of organizational or work alienation. These six facets are measured through six subscales described and presented with the questionnaire in Appendix K. On a scale of 1-5, higher scores reflect higher alienation and lower scores represent lower alienation.

The alienation scale was mailed to 25% of the Georgia agency professional staff. The sample encompassed counselors, first-line supervisors, and "others" which includes middle and upper management, evaluators, job placement specialists, and facility employees. At pretest responses were received from 85% of those who were surveyed, including an 87% response rate among counselors and an 88% response rate among first-line supervisors. The 1981 posttest resulted in a 71% overall response rate including a 79% counselor response and a 100% first-line supervisor response. The final posttest (1982) included an overall 63% response rate including a 67% counselor response rate and a 75% first-line supervisor response rate. A one-way ANOVA was conducted for each subscale for the total sample, for counselors only, and for first-line supervisors only. As indicated by Table 27, testing this hypothesis in the Georgia agency resulted in no significant findings.

Staff development personnel with the Michigan agency administered the questionnaire among experimental and control personnel at pretest (October, 1981) and at posttest (October, 1982). A two-way analysis of variance was performed on each survey subscale sample, for counselors only, for first-line supervisors only, and for secretaries only. Pretest responses were received from 100% of experimental staff and 97% of control staff including a 100% counselor response, an 80%

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Table 27

* Indices of Alienation
Georgia Statewide Sample
One-Way ANOVAs

Subscale	Time**	Jobs	Counselors	Supervisors
Alienation from Work	0	$\bar{x}$=1.8	$\bar{x}$=2.0	$\bar{x}$=1.7
	1	$\bar{x}$=2.0	$\bar{x}$=2.2	$\bar{x}$=1.9
	2	$\bar{x}$=1.9	$\bar{x}$=2.1	$\bar{x}$=2.2
		F=1.72	F=1.62	F=1.21
		p=.18	p=.20	p=.33
Alienation from Expressive Relations	0	$\bar{x}$=1.6	$\bar{x}$=1.6	$\bar{x}$=1.2
	1	$\bar{x}$=1.8	$\bar{x}$=1.8	$\bar{x}$=1.6
	2	$\bar{x}$=1.7	$\bar{x}$=1.7	$\bar{x}$=1.6
		F=1.95	F=1.68	F=1.11
		p=.15	p=.19	p=.36
Index of Hierarchy of Authority	0	$\bar{x}$=1.7	$\bar{x}$=1.7	$\bar{x}$=1.7
	1	$\bar{x}$=1.8	$\bar{x}$=1.8	$\bar{x}$=1.8
	2	$\bar{x}$=1.7	$\bar{x}$=1.7	$\bar{x}$=1.7
		F=.48	F=.55	F=.06
		p=.63	p=.58	p=.95
Index of Participation in Decision - Making	0	$\bar{x}$=4.0	$\bar{x}$=4.5	$\bar{x}$=3.1
	1	$\bar{x}$=4.1	$\bar{x}$=4.5	$\bar{x}$=2.8
	2	$\bar{x}$=3.9	$\bar{x}$=4.6	$\bar{x}$=3.2
		F=.32	F=.26	F=.36
		p=.73	p=.78	p=.71
Index of Job Codification	0	$\bar{x}$=2.7	$\bar{x}$=2.7	$\bar{x}$=2.7
	1	$\bar{x}$=2.9	$\bar{x}$=2.8	$\bar{x}$=2.7
	2	$\bar{x}$=2.7	$\bar{x}$=2.7	$\bar{x}$=2.8
		F=2.47	F=.64	F=.16
		p=.09	p=.53	p=.85
Index of Rule Observation	0	$\bar{x}$=1.9	$\bar{x}$=1.9	$\bar{x}$=1.9
	1	$\bar{x}$=2.1	$\bar{x}$=2.3	$\bar{x}$=1.6
	2	$\bar{x}$=2.1	$\bar{x}$=2.4	$\bar{x}$=2.2
		F=2.13	F=2.59	F=.99
		p=.13	p=.08	p=.39

**Time 0=Pretest; Time 1=1981 Posttest; Time 2=1982 Posttest.

*N=	Pretest	1981 Posttest	1982 Posttest
All Jobs	109	91	80
Counselors	62	56	47
Supervisors	7	8	6

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first-line supervisor response, and a 100% secretary response. Posttest responses were received from 68% of the experimental staff (86% counselors, 100% supervisors, 28% secretaries) and from 92% of the control staff (89% counselors, 80% supervisors, 100% secretaries). Tables 28-31 present the ANOVA F-tests for interaction of time and research for each subscale for the total sample (Table 28), counselors only (Table 29), first-line supervisors (Table 30), and secretaries (Table 31). Table 28 indicates significant change of the third and fifth subscales in support of the hypothesis. At posttest, experimental staff report that they feel greater freedom to complete tasks with less supervisory interruption and that they feel less confined by rules regarding their work. These findings are true for the counselors as a group (Table 29) but not for supervisors (Table 30) or secretaries (Table 31). There were no significant findings for the supervisory group.* Among secretaries, the change on the third subscale (freedom to complete tasks) was not statistically significant, although experimental secretaries do report feeling less confined by rules at posttest than at pretest.

This hypothesis was tested through analyzing responses to surveys distributed to experimental counselors and first-line supervisors in the Maryland agency. Responses were received from 94% at pretest (88% counselors, 100% supervisors) and 96% at posttest (90% counselors, 100% supervisors). Table 32 presents results of one-way ANOVAs conducted for the total group, for counselors only, and for supervisors only. Results for the total experimental group and for counselors only indicate statistically significant findings on four of six subscales: these two groups report less disappointment with career, more freedom to implement tasks without supervisory

*It should be noted that there are some rather large experimental changes demonstrated on Table 30, however, the small sample size limits the sensitivity of the ANOVA.

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Table 28

Indices of Alienation
Michigan Sample: All Jobs
Two-Way ANOVAs (Interaction Results)

Subscale	Pretest Experimental (n=81)	Pretest Control (n=77)		Posttest Experimental (n=48)	Posttest Control (n=59)
Alienation from Work	2.1	2.1	F=.15 p=.71	2.1	2.2
Alienation from Expressive Relations	1.8	1.8	F=.06 p=.81	1.8	1.8
Index of Hierarchy of Authority	2.6	2.2	F=8.78 p=.004	1.8	2.1
Index of Participation in Decision-Making	4.3	4.3	F=.00 p=.97	4.2	4.2
Index of Job Codification	3.2	3.0	F=11.35 p=.0009	2.7	3.1
Index of Rule Observation	2.6	2.2	F=.13 p=.73	2.3	2.0

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Table 29

Indices of Alienation
Michigan Sample: Counselors
Two-Way ANOVAs (Interaction Results)

Subscale	Pretest Experimental (n=41)	Pretest Control (n=40)		Posttest Experimental (n=32)	Posttest Control (n=25)
Alienation from Work	2.3	2.3	F=1.55 p= .22	2.1	2.4
Alienation from Expressive Relations	1.7	1.9	F= .04 p= .85	1.7	1.9
Index of Hierarchy of Authority	2.5	2.1	F=5.44 p= .03	1.7	2.1
Index of Participation in Decision-making	4.6	4.5	F= .04 p= .85	4.6	4.6
Index of Job Codification	3.1	2.9	F=5.31 p= .03	2.6	2.9
Index of Rule Observation	2.7	2.3	F= .07 p= .79	2.5	2.2

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Table 30

Indices of Alienation
Michigan Sample: First-Line Supervisors
Two-Way ANOVAs (Interaction Results)

Subscale	Pretest Experimental (n=9)	Pretest Control (n=8)		Posttest Experimental (n=9)	Posttest Control (n=8)
Alienation from Work	2.0	1.9	F=.09 p=.77	2.1	1.9
Alienation from Expressive Relations	1.7	1.9	F=.82 p=.38	2.2	1.9
Index of Hierarchy of Authority	2.1	1.9	F=.35 p=.56	1.5	1.7
Index of Participation in Decision-Making	2.6	2.2	F=.02 p=.89	2.5	2.0
Index of Job Codification	2.9	2.8	F=.01 p=.92	2.8	2.8
Index of Rule Observation	2.8	2.3	F=1.10 p= .31	1.7	1.9

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Table 31

Indices of Alienation
Michigan Sample: Secretaries
Two-Way ANOVAs (Interaction Results)

Subscale	Pretest Experimental (n=30)	Pretest Control (n=29)		Posttest Experimental (n=7)	Posttest Control (n=26)
Alienation From Work	2.0	2.0	F=.02 p=.88	2.0	2.1
Alienation from Expressive Relations	1.8	1.8	F=.84 p=.37	2.1	1.7
Index of Hierarchy of Authority	2.7	2.4	F=.16 p=.70	2.4	2.3
Index of Participation in Decision Making	4.5	4.5	F=.00 p=.95	4.6	4.5
Index of Job Codification	3.2	3.2	F=5.51 p= .03	2.7	3.3
Index of Rule Observation	2.4	2.1	F=.04 p=.85	2.1	1.9

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Table 32

Indices of Alienation*
Maryland Experimental Sample
One-Way ANOVAs

Subscale	Time**	All Jobs	Counselors	First-Line Supervisors
Alienation from Work	0	$\bar{x}$=2.4	$\bar{x}$=2.6	$\bar{x}$=2.1
	1	$\bar{x}$=2.1	$\bar{x}$=2.2	$\bar{x}$=2.1
		F=4.43	F=5.77	F=.01
		p=.04	p=.02	p=.94
Alienation from Expressive Relations	0	$\bar{x}$=1.9	$\bar{x}$=2.0	$\bar{x}$=1.6
	1	$\bar{x}$=1.8	$\bar{x}$=1.8	$\bar{x}$=1.6
		F=.71	F=.98	F=.00
		p=.41	p=.33	p=1.00
Index of Hierarchy of Authority	0	$\bar{x}$=2.4	$\bar{x}$=2.5	$\bar{x}$=1.6
	1	$\bar{x}$=1.7	$\bar{x}$=1.8	$\bar{x}$=1.5
		F=13.98	F=13.25	F=.35
		p=.0003	p=.0005	p=.57
Index of Participation in Decision-Making	0	$\bar{x}$=4.2	$\bar{x}$=4.7	$\bar{x}$=2.8
	1	$\bar{x}$=4.0	$\bar{x}$=4.5	$\bar{x}$=2.7
		F=.57	F=2.50	F=.04
		p=.46	p=.12	p=.85
Index of Job Codification	0	$\bar{x}$=2.9	$\bar{x}$=3.0	$\bar{x}$=2.8
	1	$\bar{x}$=2.6	$\bar{x}$=2.5	$\bar{x}$=2.7
		F=6.74	F=7.76	F=.08
		p=.02	p=.007	p=.78
Index of Rule Observation	0	$\bar{x}$=2.6	$\bar{x}$=2.6	$\bar{x}$=2.7
	1	$\bar{x}$=2.0	$\bar{x}$=2.1	$\bar{x}$=1.6
		F=8.48	F=3.97	F=6.69
		p=.005	p=.05	p=.03

* N=	Pretest	Posttest
All Jobs	46	47
Counselors	36	37
First-Line Supervisors	8	8

**Time 0=1981 Pretest; 1=1982 Posttest

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interruption, more control over their work, and that rules are enforced to a lesser degree than at pretest. Among supervisors, the only statistically significant finding was that they report a lesser degree of rule enforcement at posttest.

Hypothesis

Job satisfaction scores will show a significant increase.

This hypothesis was tested through utilization of the "Job Descriptive Index" (Smith, Kendall, and Hulin, 1969). Appendix L contains a copy of this instrument. Each page of the survey is scored as a subscale with a possible scoring range of 0-54. High scores represent high job satisfaction.

Testing the hypothesis in Georgia was accomplished with results of surveys mailed with the alienation scale. Pretest responses were received from 85% of the total sample, 87% of counselors, and 88% of first-line supervisors. 1981 posttest responses were received from 66% of the total sample, 73% of counselors and 88% of first-line supervisors. 1982 posttest responses were received from 59% of the total sample, 65% of counselors, and 75% of first-line supervisors. Table 33 presents results of analysis of the surveys; there were no statistically significant results.

Surveys were distributed with alienation surveys by Michigan staff development personnel. At pretest, results were received from 99% of the experimental staff (100% counselors, 97% secretaries, and 100% supervisors) and 97% of the control staff (100% counselors, 80% supervisors, 100% secretaries). At posttest, results were received from 68% of the experimental staff (86% counselors, 89% supervisors, 28% secretaries), and 91% of the control staff (86% counselors, 80% supervisors, and 100% secretaries). None of the F-tests for interaction of time and research group resulted in statistically significant findings (see Tables 34-37).

This hypothesis was tested through analyzing responses

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Table 33*

Job Descriptive Index
Georgia Statewide Sample
(One-Way ANOVAs Results)

Subscale	Time**	All Jobs	Counselors	First Line Supervisors
People on Present Job	0	$\bar{x}$=41.7	$\bar{x}$=42.5	$\bar{x}$=47.3
	1	$\bar{x}$=40.3	$\bar{x}$=40.0	$\bar{x}$=41.9
	2	$\bar{x}$=41.8	$\bar{x}$=41.8	$\bar{x}$=45.3
		F=.46	F=.70	F=.64
		p=.64	p=.50	p=.54
Work on Present Job	0	$\bar{x}$=37.9	$\bar{x}$=37.5	$\bar{x}$=35.9
	1	$\bar{x}$=34.8	$\bar{x}$=34.3	$\bar{x}$=32.5
	2	$\bar{x}$=35.3	$\bar{x}$=34.0	$\bar{x}$=29.5
		F=2.96	F=2.96	F=.69
		p=.06	p=.06	p=.52
Present Pay	0	$\bar{x}$=18.8	$\bar{x}$=17.7	$\bar{x}$=22.0
	1	$\bar{x}$=19.9	$\bar{x}$=19.0	$\bar{x}$=19.7
	2	$\bar{x}$=21.6	$\bar{x}$=19.4	$\bar{x}$=19.3
		F=1.22	F=.29	F=.12
		p=.30	p=.75	p=.90
Opportunities for Promotion	0	$\bar{x}$=11.9	$\bar{x}$=9.5	$\bar{x}$=12.6
	1	$\bar{x}$=11.6	$\bar{x}$=8.8	$\bar{x}$=14.3
	2	$\bar{x}$=10.8	$\bar{x}$=9.0	$\bar{x}$= 7.3
		F=.19	F=.06	F=1.0
		p=.83	p=.94	p=.39
Supervision on Present Job	0	$\bar{x}$=42.7	$\bar{x}$=42.2	$\bar{x}$=48.0
	1	$\bar{x}$=40.8	$\bar{x}$=39.2	$\bar{x}$=48.1
	2	$\bar{x}$=43.1	$\bar{x}$=41.5	$\bar{x}$=44.7
		F=.73	F=.85	F=.22
		p=.49	p=.43	p=.81

**Time 0=Pretest; 1=1981 Posttest; 2=1982 Posttest

*N=

	Pretest	1981 Posttest	1982 Posttest
All Jobs	109	85	76
Counselor	62	52	46
First-Line Supervisors	7	7	6

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Table 34

Job Descriptive Index
Michigan Sample: All Jobs
Two-Way ANOVAs (Interaction Results)

Subscale	Pretest Experimental (n=80)	Pretest Control (n=77)		Posttest Experimental (n=48)	Posttest Control (n=58)
People on Present Job	41.5	39.8	F=1.12 p= .29	42.3	37.6
Work on Present Job	31.5	32.4	F= .09 p= .77	30.1	30.0
Present Pay	30.4	29.3	F=1.00 p= .32	30.2	26.1
Opportunities for Promotion	10.8	10.6	F= .59 p= .45	8.4	10.3
Supervision on Present Job	41.5	40.7	F= .67 p= .42	38.7	40.2

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Table 35

Job Descriptive Index
Michigan Sample: Counselors
Two-Way ANOVAs(Interaction Results)

Subscale	Pretest Experimental (n=41)	Pretest Control (n=40)		Posttest Experimental (n=32)	Posttest Control (n=24)
People on Present Job	41.6	37.6	F=.20 p=.66	42.0	36.3
Work on Present Job	30.2	33.0	F=.82 p=.37	29.5	29.1
Present Pay	29.6	29.2	F=.07 p=.80	29.5	27.9
Opportunities for Promotion	8.6	10.0	F=.33 p=.57	6.9	10.3
Supervision on Present Job	40.0	39.5	F=.03 p=.87	37.7	38.0

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Table 36

Job Descriptive Index
Michigan Sample: First-Line Supervisors
Two-Way ANOVAs (Interaction Results)

Subscale	Pretest Experimental (n=9)	Pretest Control (n=8)		Posttest Experimental (n=8)	Posttest Control (n=8)
People on Present Job	45.0	47.8	F=.06 p=.81	46.4	45.4
Work on Present Job	34.6	35.6	F=.12 p=.74	34.7	37.8
Present Pay	30.7	31.0	F=.59 p=.45	30.9	25.3
Opportunities for Promotion	16.1	22.5	F=.02 p=.90	10.0	17.5
Supervision on Present Job	36.0	42.1	F=.10 p=.76	38.7	43.6

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Table 37

Job Descriptive Index
Michigan Sample: Secretaries
Two-Way ANOVAs (Interaction Results)

Subscale	Pretest Experimental (n=29)	Pretest Control (n=29)		Posttest Experimental (n=7)	Posttest Control (n=26)
People on Present Job	41.5	42.0	F=.24 p=.63	38.7	36.4
Work on Present Job	30.4	30.6	F=.08 p=.78	26.6	28.5
Present Pay	31.6	29.1	F=.72 p=.40	32.3	24.8
Opportunities for Promotion	9.7	8.2	F=.60 p=.44	12.9	8.2
Supervision on Present Job	44.7	41.5	F=.08 p=.78	43.0	41.3

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Table 38

Job Descriptive Index*
Maryland Experimental Sample
One-Way ANOVAs

Subscale	Time**	All Jobs	Counselors	First-Line Supervisors
People on Present Job	0	$\bar{x}$=37.9	$\bar{x}$=36.1	$\bar{x}$=44.3
	1	$\bar{x}$=38.4	$\bar{x}$=36.5	$\bar{x}$=43.6
		F=.03	F=.02	F=.01
		p=.88	p=.90	p=.92
Work on Present Job	0	$\bar{x}$=28.5	$\bar{x}$=27.4	$\bar{x}$=31.4
	1	$\bar{x}$=31.2	$\bar{x}$=29.9	$\bar{x}$=33.1
		F=1.54	F=1.09	F=.13
		p= .22	p= .30	p=.72
Present Pay	0	$\bar{x}$= 8.5	$\bar{x}$= 7.9	$\bar{x}$= 9.3
	1	$\bar{x}$=12.7	$\bar{x}$=12.2	$\bar{x}$=10.8
		F=3.06	F=2.39	F=.11
		p= .09	p= .13	p=.75
Opportunities for Promotion	0	$\bar{x}$= 8.2	$\bar{x}$= 5.5	$\bar{x}$=14.8
	1	$\bar{x}$=13.0	$\bar{x}$=12.3	$\bar{x}$= 9.8
		F=2.34	F=4.58	F=.58
		p= .13	p= .04	p=.46
Supervison on Present Job	0	$\bar{x}$=34.2	$\bar{x}$=33.8	$\bar{x}$=34.1
	1	$\bar{x}$=41.6	$\bar{x}$=40.1	$\bar{x}$=45.5
		F=5.34	F=2.97	F=2.48
		p= .03	p= .09	p= .14

* N =	Pretest	Posttest
All Jobs	45	47
Counselors	36	37
First-Line Supervisors	8	8

**0 = 1981 Pretest; 1 = 1982 Posttest

to surveys distributed to experimental counselors and first-line supervisors in the Maryland agency. Responses were received from 92% (88% counselors and 100% supervisors) at pretest and 96% (90% counselors and 100% supervisors) at posttest. Table 38 presents results of one-way ANOVAs computed for each group on each subscale. The only statistically significant findings were on the fourth and fifth subscales. Analysis of the fourth subscale indicates that counselors report being more satisfied with opportunities for promotion at posttest than at pretest. On the fifth subscale, counselors and supervisors as a group report being more satisfied with supervision at posttest than at pretest.

Project Forum

Seventy people representing the three pilot states, the Rehabilitation Services Administration, the National Institute of Handicapped Research, and the University of Georgia attended the Management Control Project Forum held November 3-5, 1982 in Atlanta, Georgia. The opening session addressed the purposes of the forum, expected outcome, and relationship of the outcome to future project activities. An overview of pertinent factors which led to the decision of the Georgia, Michigan, and Maryland rehabilitation programs to participate as project pilot states was given. Four objectives were established by the forum planning committee and disseminated to participants prior to the forum. Additionally, the issues to be explored as a means to meet the forum objectives were disseminated and validated prior to the opening session. Identified below are the forum objectives and related outcome of the forum experience.

Objective #1: To disseminate information and research findings regarding the Management Control Project.

Forum participants received an overview of major research findings based on external reviews, survey responses,

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individual feedback, and anecdotal data. These findings are presented within this final report.

Objective #2: To continue investigation and evaluation of the management control system as an alternative to traditional management systems.

The planning committee identified relevant issues for group investigation, surveyed respective staffs to validate these issues, and developed pre-forum activities designed to facilitate the forum sessions. Group facilitators and recorders were provided an orientation to their roles in relation to discussion issues. A small group design was utilized to assure productive interaction on all levels of the organizations represented. Results of group exploration regarding the identified issues are found in Appendix M.

Objective #3: To share experiences of project participants as a means of contributing to future project utilization efforts.

The forum was designed to capitalize on the potential contributions of participants. Of the three days of programming only two hours were devoted to other than exploration activities by the group. Facilitators were selected based on demonstrated group facilitation skills and received an orientation prior to the forum.

Objective #4: To form a coalition of participating MCP states to provide mutual support and continued dissemination of project information.

Discussion groups rotated frequently and were composed of a mix of representatives from each state. Additionally, evening activities were designed to further stimulate a comraderie among participants.

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E. Conclusions and Recommendations

The goal of the Management Control Project is to demonstrate optimal rehabilitation agency performance through the application of a management system which eliminates unnecessary and spurious controls and utilizes performance standards maintained by skilled managers. Although project staff do not suggest that optimal agency performance has been attained, the value of a systems approach to the management of rehabilitation service delivery has been effectively demonstrated and is clearly documented through the project's research findings. Based on external performance review results and the analysis of survey data, operationalizing the management control system in three state rehabilitation agencies has resulted in:

1. A significantly increased percentage of accurate eligibility decisions. Services are provided to a greater number of genuinely eligible people and are denied only to genuinely ineligible people.
   a. Significantly improved evaluation of disabling and handicapping conditions and thus an improved understanding of client rehabilitation needs.
   b. Significantly improved assessment of client rehabilitation potential.
   c. Better client understanding of the rehabilitation process and a reduction in client appeals.
2. A significant improvement in the provision of services consistent with the client's total rehabilitation need.
   a. Better comprehensive planning based on client needs. Comprehensive client evaluation has allowed definition of all rehabilitation services necessary for clients to achieve vocational potential.

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b. Increased client involvement in planning and in the entire rehabilitation process.

3. A significant increase in agency fiscal accountabilty.
   a. Funds are expended on genuinely eligible clients.
   b. Increased awareness and utilization of similar benefits.
4. A significant increase in counselor perception of freedom to accomplish assigned tasks without supervisory interruption.
5. A significant increase in counselor perception of control over accomplishing their work.

Performance improvement following management control system installation has been great. Ultimately, more clients will be more suitably employed, functioning at a level consistent with their potential. The performance improvement has been observed following the reduction of controls through policy streamlining. It is suggested that clarifying expectations, communicating clear and concise policy, and providing timely reinforcement has facilitated appropriate client planning and casework documentation. The system thus results in the opportunity for counselors to function as professionals when they are able to demonstrate rehabilitation skills.

Interview data collected in the Michigan and Maryland agencies indicates that an improved counselor/supervisor relationship results when a supervisor makes the effort to adapt to the new system. It is suggested that this is the result of increased development and utilization of manager skills in the areas of performance management and team development.

Many positive results of system installation have been reported by participants in the pilot states. The reader

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is referred to Appendix M for a review of forum discussion group reports on specific project issues.

The project research and demonstration experience has generated expertise and materials having implications for the rehabilitation community:

1. A mechanism through which an agency is able to assess organizational environment, structure, operations, and performance.
2. A format for organizational planning.
3. A program of management skill development in the areas of performance management and team development.
4. A program of counselor skill development in the application of performance standards.
5. A program evaluation design to assess the effects of the management control system.

Caution

As a postscript to project conclusions, a warning is expressed to the reader. On paper, installation of the management control system appears to be much simpler than it has actually proved to be. Administrators considering such an approach are urged to discuss system implications with project staff and with administrators in the three pilot states. Additionally, attention must be given to:

1. Adopting a philosophy--Before entering into any systems approach, an agency must look at its philosophy in two areas. First, we must clearly develop and internalize an organizational philosophy which communicates beliefs related to the organization and its delivery of services to handicapped people. Second, we must also develop and internalize a management philosophy which communicates our beliefs as to how we will manage ourselves as a system.

   A philosophy for an organization only has merit if it is understood, internalized, and practiced by the decision makers. Once a philosophy is adopted,

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decisions made in the organization must consistently reflect that philosophy. Too often an impressive statement of philosophy is developed and future decisions reflect either a lack of commitment to the statement or a lack of understanding of the concepts which formulated the philosophy. Staff are quick to recognize inconsistencies in decisions; the result is reduced administrative credibility. Decisions inconsistent with a stated philosophy can make a mockery of a management system.

2. Reinforcing performance standards--Agency expectations are communicated to staff through performance standards. For some staff, communication of standards is sufficient to assure quality work production. For many, behavior must be reinforced. Good behavior must be rewarded to be maintained and there must be consequences for poor behavior. No system can be effective without the appropriate behavior reinforcement.

   Every organization can likely identify personnel who do not perform at a level desired. This management system clearly identifies performance problems and provides administrators with concrete data to utilize in dealing with performance of personnel.

3. Maintaining and reinforcing system--Once any management system is in place, it must be maintained and reinforced. The management control system has been demonstrated as an extremely effective system. Inherent in this system has been control reduction, performance reinforcement by management, and the continued development of manager and counselor skills.

   Even after a positive demonstration experience

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there appears to be a tendency for agencies to return to traditional management behaviors. Controls slip back into policy manuals without appropriate rationale, manager skill development becomes a lower priority, and appropriate reinforcement techniques are forgotten or misdirected. Some might suggest the system has become less effective. Project staff suggest that too many agency personnel are more comfortable adding controls to solve problems than utilizing management techniques to promote accurate and effective performance.

Recommendations

The successful demonstration of a systems approach to the management of service delivery suggests that the research findings of the Management Control Project must be utilized. Additionally, a research and demonstration effort of the magnitude undertaken by this project leaves unanswered questions and unresolved issues as initial problems are solved and research questions answered. Recommendations are:

1. Funding of a utilization plan to install the management control system in additional state rehabilitation agencies and to provide technical assistance to pilot states as the system is operationalized statewide.
   a. Utilize the refined process of management control system implementation based on project experience and research findings;
   b. Further demonstrate to the rehabilitation community the benefits of a systems approach; and
   c. Develop a cadre of rehabilitation personnel with expertise in the components of the management control system.

Discussion: Funding a utilization effort to include

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the installation of the management control system in additional state rehabilitation agencies is essential. Only after experience in demonstrating a systems approach coupled with the unique contributions of the pilot states, have project staff been able to conceptualize the interrelationship of problems confronting state agencies and begin to formulate plans for as complete a solution as possible. System refinements resulting from the R&D experience must be demonstrated as effective. Successful marketing of the management approach supported by the research findings contained in this report can be best accomplished through the successful demonstration of the system.

Expertise in the components of the management control system is limited to project staff and a few individuals within the pilot states. For extensive utilization of research findings to become a reality, a broader base of "experts" must be developed.

2. Assessment of the long range effects of system installation.
    a. Counselor performance;
    b. Supervisor performance;
    c. Counselor/supervisor relationship;
    d. Work attitudes;
    e. Administrative and client service costs; and
    f. Client outcome.

Discussion: Time limitations of a R&D grant prevent researchers from assessing the long range effects of treatment. Within this R&D effort, the grant period allowed for assessment of system installation after less than one year in two of the three participating agencies. Since the three pilot state agencies plan to operationalize and maintain the management control

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system statewide, there is an excellent opportunity to determine the long range effects of system installation.

Project staff have found that counselor training will result in a significant performance improvement. Our experience and findings, however, indicate that this improvement does not increase over time, and probably cannot be maintained without the optimal development of the organization, particularly, management performance. If the system is properly maintained, a continual improvement in both counselor and supervisor performance should be demonstrated. As supervisor reinforcement skills develop, counselor receptiveness to supervision should improve.

Time is a factor in evaluating the cost/beneficial outcomes of system installation. Project planners hypothesized an administrative cost savings would be realized through increased counselor professional functioning accompanied by decreased supervisory time spent with counselors. Planners also projected a savings in client service expenditures resulting from more effective diagnostic work, better utilization of similar benefits and improved IWRP development. The grant period has not allowed for an adequate evaluation of these factors.

Evaluation of effect on clients has not been possible because there has not been a sufficient number of clients moved through the rehabilitation process from initial interview to successful closure and served by counselors operating with performance standards. It is anticipated that fewer clients will return to the agency for services following closure, that the average length of the rehabilitation process may change, that client success rate will increase, and that rehabilitations will reflect

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agency values more consistently.

3. Encourage experimentation with salary supplements to counselors and managers exhibiting high levels of performance.

Discussion: With performance standards and a mechanism for objective evaluation of employee achievement in place, a major blockage to providing salary supplements has been eliminated. This concept continues to interest some state rehabilitation agencies and state personnel systems. The project, unfortunately, did not secure personnel system approval in time to evaluate the effect of salary supplements on performance. The current experimentation by the Georgia Division of Rehabilitation Services and efforts by other interested rehabilitation agencies should be encouraged.

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E. Utilization Plan

The integration of a new management system into state rehabilitation agencies is complex. Experience with the installation of performance standards in three pilot agencies demonstrated that these standards cannot stand alone and isolated from agency policy requirements, the skill level of managers in measuring performance, leader behavior, the definition of roles and functions of personnel at different levels in the agency, and the existence of quality assurance throughout the agency. Optimal development of management skills and behaviors is believed to be the most important and essential element, the area in which time must be concentrated, in order to maximize agency performance. Organizational performance problems become evident at the level of counselor performance and can be partially alleviated through the communication of clear expectations (standards) and through counselor training. It has, however, become apparent through this research and demonstration effort that adequate solution of performance deficiencies requires intensive study and resulting development of agency management skills in the areas identified.

Each state rehabilitation agency has a unique personality, a composite of tradition, staff personalities, and leadership styles demonstrated by top administrators. Although management literature and this report communicate a systems approach, a packaged model ready for implementation by interested agencies would not be effective. The difficulty lies in the ability to internalize a philosophy, analyze one's own strengths and weaknesses, capitalize on one's own uniqueness, and develop the essential staff skills for effectively operationalizing the system. To assure the utilization of the research and demonstration findings of this project, rehabilitation agencies must recognize the benefits of the approach

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described and a cadre of personnel must develop expertise in the components of the management control system.

Rehabilitation agency recognition of a systems approach to the management of service delivery.

The desire of state rehabilitation agencies to meet the congressional intent of rehabilitation law, to provide consistent and quality services to handicapped people across program lines, and to maximize the utilization of resources is not questioned. An approach to accomplishing these goals require substantial demonstration and proven effectiveness to merit an agency's commitment. So far, interest in the concepts advocated by the Management Control Project has developed from within rehabilitation organizations rather than from external encouragement or marketing strategy. The research design for the R&D phase of this project called for the demonstration of the management control system in pilot areas of three state rehabilitation agencies. Several programs expressed a desire to participate in the demonstration effort. The Georgia, Michigan, and Maryland rehabilitation agencies were selected as pilot states and, after demonstration, each has elected to operationalize the system statewide. At this writing, five additional state rehabilitation agencies have given an administrative commitment to further demonstrate the system and several others have expressed an interest in being considered as demonstration agencies should utilization funding be secured.

Development of cadre of rehabilitation personnel with expertise in the components of the management control system.

As system demonstration occurs, so does the opportunity to broaden the base of "experts." Within each RSA region, multiple resources are available to state rehabilitation agencies. University RCTP's, RCEP's, R&T centers, and other

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programs have personnel who are potential experts in the components of the system. When combined with experts from demonstration state agencies, a valuable resource will exist for other agencies interested in system installation.

Utilization Approach

The design of this project suggests a unique approach to the utilization and dissemination of a highly successful and viable research and demonstration effort. It proposes a partnership among state rehabilitation agencies and capitalizes on the expertise of personnel with experience in the demonstration of the management control system.

During a utilization period, it is expected that the management control system could become operational in three state rehabilitation agencies during each year of funding. These programs will significantly increase their compliance with the intent of the Rehabilitation Act and Federal Regulations through the application of performance standards. Policy and quality assurance systems will be operational and manager skills will be reflected through quality counselor performance, consistency of rehabilitation services provided to handicapped people, and positive leadership behavior. To insure future dissemination and utilization, regional RSA offices and other potential regional resources will be encouraged to participate with project staff in the preparation and implementation of the management control system. Additionally, RCTP's located in the participating state's region will be provided the opportunity to observe the training sessions and possibly utilize program materials in their curricula.

Action steps to successfully install the management control system within an agency are:

1. Secure administrative commitment from participating state administrators.

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2. Assure system ownership by agency top administration through developing a philosophical and conceptual understanding of the system and its applicability to the decision-making processes.
3. Conduct organizational analysis.
4. Negotiate recommendations and implementation strategies resulting from:
   a. Agency's mission, values, and expectations,
   b. Organizational analysis findings; and
   c. Concepts of effective organizational change.
5. Complete negotiated prerequisite activities.
6. Conduct management development training.
7. Conduct counselor training.
8. Support and reinforce system installation.
9. Evaluate results of system installation.

It is essential that project staff capitalize on the expertise of personnel from the original demonstration states for assistance in organizational analysis and system implementation. It is also suggested that contact be maintained with these programs to gain additional insights as statewide installation is pursued.

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References

Aiken, M., & Hage, J. Organizational alienation: A comparative analysis. American Sociological Review, 1966, 31, 497-507.

Anthony, R. N. Planning and control systems: A framework for analysis. Boston: Harvard University, 1965.

Anthony, R. N. & Herzlinger, R. E. Management control in non-profit organizations, Homewood, Illinois: Richard D. Irwin, 1975.

Argyris, C. Single-loop and double-loop models in research on decision-making. Administrative Science Quarterly, 1976, 21 (3), 363-374.

Barnes, L. B. & White, F. Z. Power networks in the appraisal process, Harvard Business Review. 1971, 49, 101-109.

Blau, P. M. The dynamics of bureaucracy. Chicago: University of Chicago Press, 1955.

Campbell, J. F., Dunette, M. D., Lawler, E. E., & Weick, K. E. Managerial behavior, performance and effectiveness. New York: McGraw-Hill, 1970.

Chase, P., Lindsay, M., & Patrick, A. Introduction to the Management Control Project. MCP Review, 1980, 1 (1), 1-4.

Crisler, J. R., Field, T. F., & Pierson, J. Developing and implementing the Management Control Project (MCP) in the Georgia DVR agency. Journal of Rehabilitation, 1980 46 (1), 52-57.

Cummings, L. L., Schwab, D. P., & Rosen, M. Performance and knowledge of results as determinants of goal setting. Journal of Applied Psychology, 1971, 55 (6), 526-530.

Downs, A. Inside bureaucracy. Boston: Little, Brown, 1967.

Dunnette, M. D., Campbell, J. P., & Hakel, M. D. Factors contributing to job satisfaction and job dissatisfaction in six occupational groups. Organizational Behavior and Human Performance, 1967, 2, 143-174.

Etzioni, A. Modern organizations. Englewood Cliffs, New Jersey: Prentice-Hall, 1964.

Freidson, E. Dominant professions, bureaucracy, and client services. In Y. Hansenfeld and R. A. English (Eds), Human service organizations. Ann Arbor: The University of Michigan Press, 1977, 428-448.

Gaines, T. Planned change: To grow or not to grow. MCP Review, 1980, 1 (1), 4-5.

Hackman, J. R., Oldham, G., Janson, R., & Purdy, K. A new strategy for job enrichment. California Management Review, 1975, 17 (4), 57-71.

Hasenfeld, Y. & English, R. A. (Eds.) Human service organizations. Ann Arbor: The University of Michigan Press, 1977.

Herman, J. B. Are situational contingencies limiting job attitude--job performance relationships? Organizational Behavior and Human Performance, 1973, 10, 208-224.

Hertzberg, F., Mausner, B., & Snyderman, B. B. The motivation to work. New York: John Wiley & Sons, Inc., 1959.

Hopwood, A. G. An accounting system and managerial behavior. Lexington, Mass.: Lexington Books, 1973.

Jensen, D. R., Beus, G. B., & Storm, G. Simultaneous statistical tests on categorical data, Journal of Experimental Education, 1968, 36, 46-56.

Kim, J. S. & Hammer, W. C. Effect of performance feedback and goal setting on productivity and satisfaction in an organizational setting, Journal of Applied Psychology, 1976, 61 (1), 48-57.

Latham, G. P., & Kinne, S. B. Improving job performance through training in goal setting. Journal of Applied Psychology, 1974, 59 (2), 187-191.

Lawler, E. G, & Rhode, J. G. Information and control in organizations. Pacific Palisades, California: Goodyear, 1976.

Ledbetter, J. G. The effects of management control system training on the rehabilitation agencies staffs' perceptions of the dysfunctionality of the rehabilitation service delivery system. Unpublished doctoral dissertation, University of Georgia, Athens, 1980.

Locke, E. A. Toward a theory of task motivation and incentives. Organizational Behavior and Human Performance, 1968, 3, 157-189.

Locke, E. A., & Bryan, J. F. The directing function of goals in task performance. Organizational Behavior and Human Performance, 1969, 4, 35-42.

Miller, L. A., & Muthard, J.E. Job satisfaction and counselor performance in state rehabilitation agencies. Journal of Applied Psychology, 1965, 49 (4), 280-283.

Miller, L.A., & Roberts, R. R. Unmet counselor needs from ambiguity to the zeigarnik effect. Journal of Applied Rehabilitation Counseling, 1979, 10 (2), 60-66.

Mosher, F. C. Democracy and the public service. New York: Oxford University Press, 1968.

Newman, W. H. Constructive control: Design and use of control systems. Englewood Cliffs, New Jersey: Prentice-Hall, 1975.

Odiorne, G. S. Management by objectives: A system of managerial leadership. New York: Petman, 1973.

Pacinelli, R. N., & Britton, J. O. Some correlates of rehabilitation counselor job satisfaction. Rehabilitation Counseling Bulletin, 1969, 12 (4), 214-220.

Peele, R., & Palmer, R. R. Standards and quality control: Problems and pitfalls. Administration in Mental Health, 1976, 146-155.

Rehabilitation Services Administration. Program information for rehabilitation training grant program. Washington, D.C.: Author, 1975.

Rule, W., & Wright, K. A new slant to established values: Accountability and counselor reward. Journal of Applied Rehabilitation Counseling, 1974, 5 (4), 191-195.

Shepard, J. M., & Panko, T. R. Alienation: A discrepancy approach. Sociological Quarterly, 1974, 15, 253-263.

Smith, P. C., Kendall, L. M., & Hulin, C. L. The measurement of satisfaction in work and retirement, Chicago: Rand McNally, 1969.

Smits, S. J., & Ledbetter, J. G. The practice of rehabilitation counseling within the administrative structure of the state-federal program. Journal of Applied Rehabilitation Counseling, 1979, 10 (2), 78-84.

Stogill, R. M. Manual for the leader behavior description questionnaire--Form XII. Columbus: Ohio State University Press, Bureau of Business Research, 1963.

Todd, J. Management control systems: A key link between strategy, structure and employee performance. Organizational Dynamics, 1977 (Summer), 65-78.

U. S. Government Printing Office. Vocational rehabilitation programs: Implementation provisions. Federal Register 40, 228, November 25, 1975, pp 54096-54731.

Vroom, V. H. Some personality determinants of the effects of participation. Englewood Cliffs, N.J.: Printice-Hall, 1960.

W. E. Upjohn Institute for Employment Research. Work in America: Report of a special task force to the secretary of health, education, and welfare. Cambridge, Mass.: MIT Press, 1963.

Warr, P., & Wall, T. Work and well-being. Baltimore, MD.: Penguin Books, Inc., 1975.

Winer, B. J. Statistical Principles in Experimental Design (2nd Ed.), New York: McGraw-Hill, 1971.

Zadny, J. J., & James, L. F. Job placement of the vocationally handicapped. Portland State University Studies in Placement and Job Development for the Handicapped, Monograph 2. Portland State University School of Social Work, Portland, Oregon, 1977.

Appendix A

Appendix A

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Casework Performance Standards and Criteria

Standard 1:

95% of eligibility decisions will be accurate.

A. Evidence of comprehensive diagnostic study with medical and/or psychological documentation of primary and secondary disabilities.

B. Narrative description of how disability constitutes vocational handicap; physical and/or psychological limitations stated in functional terms.

C. Narrative rationale that there is a reasonable expectation that vocational rehabilitation services may benefit the individual in terms of employability or that an extended evaluation is necessary in order to determine reasonable expectation of employability.

Standard 2:

95% of closure decisions will be accurate.

A. Documentation and rationale for closure and, as appropriate, evidence of the provision of substantial services.

B. Documentation of client participation in the closure decision and client notification of right of appeal, when appropriate.

Standard 3:

85% overall accuracy is required on IWRP development.

A. Statement of, and rationale for, the vocational goal.

B. Objectives and services described in IWRP are consistent with the functional limitations described in eligibility determination.

C. Time frames established in the IWRP for each service.

D. Evaluation criteria will measure the accomplishment of stated objective.

E. Evidence of client involvement in the IWRP.

Standard 4:

95% accuracy is required in utilization of agency funds and similar benefits.

A. Expenditure of only those funds necessary for client evaluation and rehabilitation; expenditures consistent with agency policy.

B. Similar benefits considered and utilized when appropriate.

Appendix B

MANAGEMENT CONTROL PROJECT FORUM
OMNI INTERNATIONAL HOTEL
ATLANTA, GEORGIA

November 2-5, 1982

TUESDAY
November 2, 1982

3:00-5:00 p.m. FACILITATOR CAUCUS

7:00-10:00 p.m. REGISTRATION/GET AQUAINTED HOUR

WEDNESDAY
November 3, 1982

8:00-8:30 a.m. REGISTRATION/COFFEE

8:30-9:00 a.m. WELCOME AND DISCUSSION OF FORUM OBJECTIVES

Session will address the purposes of the forum, expected outcome and the relationship of the outcome to future Management Control Project activities.

9:00-9:45 a.m. ORGANIZATIONAL AND ENVIRONMENTAL FACTORS OF PILOT STATES

Review of pertinent factors which led to the decision of the Georgia, Michigan, and Maryland rehabilitation programs to participate as Management Control Project pilot states.

9:45-10:00 a.m. COFFEE BREAK

10:00-10:45 a.m. OVERVIEW OF MANAGEMENT CONTROL PROJECT RESEARCH AND DEMONSTRATION FINDINGS

An overview of major research findings based on external case reviews, survey responses, individual feedback, and ancedotal data.

10:45 a.m.-2:45 p.m. THE EFFECTS OF THE PROJECT ON AGENCY STAFF

Discussion groups will explore the effects of the Management Control Project on agency staff.

Groups will develop a listing of positive and negative effects of the project upon three levels of staff (Counselor, Manager, Administrator) and provide recommendations flowing from each identifed negative factor.

10:45 a.m. CHARGE TO DISCUSSION GROUPS

11:00 a.m. DISCUSSION GROUPS

12:00 noon LUNCH (on your own)

1:00 p.m. DISCUSSION GROUPS

2:00 p.m. DISCUSSION GROUP FEEDBACK

2:45-5:15 p.m. THE EFFECTS OF THE PROJECT ON AGENCY CLIENTELE

Discussion groups will identify the effects of the Management Control Project on agency clients.

A listing of effects on clients will be developed. It may be based on observation, data, or speculation. In addition to providing recommendations to alleviate any identified negative factors, the groups may suggest hypotheses, criteria, or measures of client effects which should be considered.

2:45 p.m. CHARGE TO DISCUSSION GROUPS

3:00 p.m. DISCUSSION GROUPS

4:30 p.m. DISCUSSION GROUP FEEDBACK

5:15-7:00 p.m. DINNER (on your own)

7:00-9:00 p.m. ORGANIZATIONAL PREREQUISITES FOR EFFECTIVE MANAGEMENT CONTROL SYSTEM IMPLEMENTATION

Discussion groups will explore prerequisites an organization must accomplish prior to the implementation of the Managment Control System.

A listing of prerequisites along with recommendations for their successful achievement will be developed.

7:00 p.m.	CHARGE TO DISCUSSION GROUPS
7:15 p.m.	DISCUSSION GROUPS
8:15 p.m.	DISCUSSION GROUP FEEDBACK
9:00 -	SOCIAL HOUR
9:00-9:30 p.m.	FACILITATOR CAUCUS

THURSDAY
November 4, 1982

8:30-8:45 a.m. RECAP OF YESTERDAY/DISSEMINATION OF GROUP REPORTS

8:45-11:45 a.m. ELEMENTS OF AN EFFECTIVE MANAGEMENT CONTROL SYSTEM IMPLEMENTATION AND MAINTENANCE PLAN

Utilizing fundamental management control system concepts, discussion groups will explore essential elements of an effective installation and maintenance plan.

Groups will complete a work plan outlining major tasks, strategies, and general time frames for successfully implementing and sustaining the Management Control System.

8:45 a.m.	CHARGE TO DISCUSSION GROUPS
9:00 a.m.	DISCUSSION GROUPS
11:00 a.m.	DISCUSSION GROUP FEEDBACK
11:45-1:30 p.m.	LUNCH (on your own)

1:30-4:30 p.m. CRITICAL ORGANIZATIONAL ISSUES: PREREQUISITES, INSTALLATION, AND MAINTENANCE

Issues needing further investigation will be addressed during this session. An attempt will be made to identify issues specific to each group's interest.

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1:30 p.m.	CHARGE TO DISCUSSION GROUPS
1:45 p.m.	DISCUSSION GROUPS
3:45 p.m.	DISCUSSION GROUP FEEDBACK
4:30-4:45 p.m.	EXPLANATION OF EVENING ASSIGNMENT
4:45 p.m.	DINNER (on your own)
5:00-5:30 p.m.	FACILITATOR CAUCUS
7:30 p.m.	HOSPITALITY SUITE OPEN

FRIDAY
November 5, 1982

8:00-8:15 a.m. RECAP OF YESTERDAY/DISSEMINATION OF GROUP REPORTS

8:15-11:15 a.m. EFFECTIVE UTILIZATION OF MANAGEMENT PERSONNEL (LEVEL I SUPERVISORS) FOR OPERATIONALIZING THE MANAGEMENT CONTROL SYSTEM

Discussion groups will have the opportunity to focus on the role(s) of the first line manager in relation to staff under his/her supervision, management skills necessary for effective performance, and areas of manager performance evaluation.

Groups will complete a functional analysis of the position, identify skills necessary to perform functions, and recommend methods of evaluating manager performance.

8:15 a.m.	CHARGE TO DISCUSSION GROUPS
8:30 a.m.	DISCUSSION GROUPS
10:30 a.m.	DISCUSSION GROUP FEEDBACK

11:15-12:00 noon PANEL REACTION

This panel will discuss the forum outcomes achieved and their benefit to the Management Control Project, state/federal rehabilitation agencies, and agency staff. An open discussion will follow the panel reaction.

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12:00-12:15 p.m. CLOSING REMARKS

Focus will be on procedure for providing additional input to the project following adjournment and for submitting written evaluation of forum experience.

Note: Coffee, juice, and soft drinks will be available throughout the sessions. Breaks will be scheduled before, during, and after discussion groups, as appropriate. (This criterion will be evaluated, and reliability and validity scores reported.)

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Appendix C

PROCESS ANALYSIS

COUNSELOR _____ REVIEWER _____

CLIENT _____ OFFICE _____

CASE/SOCIAL SECURITY # _____ CASELOAD TYPE _____

PRIMARY DISABILITY CODE _____ DATE _____

ELIGIBILITY

A. Evidence of comprehensive diagnostic study with medical and/or psychological documentation of primary and secondary disabilities.

REMARKS _____ YES/NO

B. Narrative description of how disability and any related factors constitute vocational handicap, physical and/or psychological limitations stated in functional terms.

REMARKS _____ YES/NO

C. Narrative rationale that there is a reasonable expectation that vocational rehabilitation services may benefit the individual in terms of employability or that an extended evaluation is necessary in order to determine reasonable expectation of employability.

REMARKS _____ YES/NO

IWRP

A. Statement of, and rationale for, the vocational goal.

REMARKS _____ YES/NO

B. Objectives and services described in IWRP are consistent with the functional limitations described in eligibility determination.

REMARKS _____ YES/NO

C. Time frames established in the IWRP for each service.

REMARKS _____ YES/NO

D. Evaluation criteria will measure the accomplishment of the stated objective.

REMARKS _____ YES/NO

E. Evidence of client involvement in the IWRP.

REMARKS _____ YES/NO

FINANCIAL ACCOUNTABILITY

A. Expenditure of only those funds necessary for client evaluation and rehabilitation; expenditures consistent with agency policy.

REMARKS _____ YES/NO

B. Similar benefits considered and utilized when appropriate.

REMARKS _____ YES/NO

CASE CLOSURE

A. Documentation and rationale for closure and, as appropriate, evidence of the provision of substantial services.

REMARKS _____ YES/NO

B. Documentation of client participation in the closure decision and client notification of right of appeal, when appropriate.

REMARKS _____ YES/NO

Appendix D

Self-Perceptions of
Amount of Time Spent in
Various Counselor Functions

Dear Professional:

This brief questionnaire is related to the research/training objectives of the Management Control Project. The purpose of this effort is to determine the amount of time (self-report) that you spent in various professional activities. You will note that your name is already on the questionnaire since we will be asking you to complete this form again in about one year. Please trust, however, that your answers will be held in strictest confidence. And if you would care to call and discuss this task with me, please do not hesitate to do so. Thank you for doing this for us.

Name_____ Caseload: General_____

City_____ Special_____

Date Completed_____

Please indicate the amount of time you spent in each of the following areas (an estimate). Your response should be expressed in percentages and should total 100%. (Estimates based on 1978 calendar year.)

	% of Time
1. Administration/Supervision (includes preparation of reports, statements, conferring, reading, reviewing & analyzing information (related to administrative tasks)	_____
2. Evaluating (includes assessment of program activities and needs related to casework).	_____
3. Consultation/Referrals (related to referrals, conferences/ consultations, both within and outside agency).	_____

4. Professional/Agency Development
   (activities related to program
   improvement and/or self-improvement). _____

5. Client Counseling
   (includes activities of direct client
   services, eligibility determinations,
   counseling, IWRP development, assessment,
   case management, except job placement
   and follow-up). _____

6. Job Placement and Follow-up
   (activities related to jobs--
   development, placement and follow-up). _____

7. Recording and Reporting
   (includes dictating/writing reports,
   case notes). _____

TOTAL: 100%

Please return to: Timothy F. Field
The University of Georgia
Rehabilitation Counselor Training Program
Management Control Project
413 Aderhold
Athens, Georgia 30602

Appendix E

SELF-PERCEPTIONS OF TIME SPENT
IN VARIOUS OCCUPATIONAL FUNCTIONS

The purpose of this survey is to determine the amount of time you spend in various activities related to your job. Please read the entire survey before you begin. This will acquaint you with the various activities included in each category. Estimate the percentage of time you spend in each category. Include travel time with the activity it supports. Your responses should total 100%.

At the end of the survey, please enter your name, office, position and date. Also indicate whether you serve a general or specialty caseload. Identification of survey information will be used only to compare results for the Management Control Project. Your specific results will be kept confidential.

	% of Tir
1. COUNSELING AND GUIDANCE Face-to-face and telephone interaction with clients and family members; intake interviews; counseling; interpreting diagnostic data; consulting with clients at training or workshop sites, IWRP formulation.	_____
2. RECORDING/REPORT WRITING Case recording and dictation; form completion, fiscal processing, aging studies, complete management reports	_____
3. OVERALL PLANNING OF WORK Preplanning activities, time management, case consultation, staff meetings	_____
4. PLACEMENT Job development, specific client placement, job analysis job follow-up	_____
5. PUBLIC RELATIONS AND OUTREACH Making and preparing speeches/presentations, referral development, client advocacy activities, civic organization activities, consumer involvement	_____
6. PROFESSIONAL GROWTH Inservice training, reading journal article, attending conferences, committee/task force activities, supervisory coaching	_____
7. COORDINATING SERVICES Resource/vendor development, arranging appointments follow-up activities, attending client staffings, medical consultation	_____
TOTAL	100%

NAME: _____ DATE _____

OFFICE: _____ POSITION _____

CASELOAD: ___ General ___ Specialty

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Appendix F

Self-Perceptions of
Amount of Time Spent in
Various Occupational Functions

Dear Supervisor:

This brief questionnaire is related to the research objectives of the Management Control Project. The purpose of this is to determine the amount of time you spend in various activities related to your job. Please put your name and office location on the form because we will be requesting that you complete this form again next year. Please be assured that your responses will be held in strictest confidence. If you wish to call and discuss this with me, please do not hesitate to do so. Thank you for doing this for us.

Name _____

Office _____

Date _____

Number of counselors supervised _____

Please estimate the amount of time you spent in each of the following areas. Your responses should be expressed in percentages and should total 100%. Please base your responses on 1979 calendar year.

		% of Time
1.	Fiscal Duties (Allocation of case service money to counselors, monitoring case service expenditures, approving unusal expenditures.)	_____
2.	Administrative Duties (Completing ROP's; approving leave; insuring appropriate use of time; participating in staff hiring, promotion, and punitive action).	_____
3.	Staff Development Duties (Developing individualized staff development profiles for unit to maintain and develop work-related skills, training new staff).	_____

4. Public Relations Duties
(Maintaining communication and relationships with referral sources, vendors, and the general public). _____

5. Case Management
(Quality assurance to maintain agency policy; assistance to counselor; case reviews; assuring use of similar benefits and efficient use of case service resources; leadership in provision of quality services). _____

6. Consultative Duties
(Functioning as liaison between state office and counselors, and between counselors and clients as needed). _____

7. Miscellaneous
(Committee meetings for manual changes, etc.). _____

TOTAL: 100%

Please return to: Adele Patrick
University of Georgia
Rehabilitation Counselor
Training Program
Management Control Project
413 Aderhold
Athens, Georgia 30602

Appendix G

SELF-PERCEPTIONS OF TIME SPENT IN VARIOUS OCCUPATIONAL FUNCTIONS

The purpose of this survey is to determine the amount of time you spend in various activities related to your job. Please read the entire survey before you begin. This will acquaint you with the various activities included in each category. Estimate the percentage of time you spend in each category. Include travel time with the activity it supports. Your responses should total 100%.

At the end of the survey, please enter your name, office, position, and date. Also indicate the number of staff directly under your supervision. Identification of survey information will be used only to compare results for Management Control Project. Your specific results will be kept confidential.

	% of Time
1. BUDGET MANAGEMENT Allocation of case service money to counselors, monitoring case service budgets, managing travel and budgets	_____
2. ADMINISTRATIVE DUTIES Approving leave; scheduling staff time/activities; participating in staff hiring, promotion, disciplinary action, and performance appraisals; conducting/attending staff meetings, task force or committee assignments	_____
3. STAFF DEVELOPMENT DUTIES Maintaining individualized staff development plans for office and providing individual staff training	_____
4. PUBLIC RELATIONS DUTIES Maintaining communication and relationships with referral sources, vendors, consumer groups, legislators, employers and the general public	_____
5. CASE MANAGEMENT Quality assurance to maintain agency policy; case reviews; approval of casework; assuring use of similar benefits and efficient use of case service resources	_____
6. CONSULTATION DUTIES Provide coaching and feedback with counselors and or other staff regarding client service delivery. Function as liaison between offices.	_____
TOTAL	100%

NAME: _____ DATE: _____

OFFICE: _____ POSITION: _____

Number of staff directly under your supervision _____.

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Appendix H

Self-Perceptions of
Amount of Time Spent in
Various Occupational Functions

Dear Secretary:

This brief questionnaire is related to the research objectives of the Management Control Project. The purpose of this is to determine the amount of time you spend in various activities related to your job. Please put your name and office location on the form because we will be requesting that you complete this form again next year. Please be assured that your responses will be held in strictest confidence. If you wish to call and discuss this with me, please do not hesitate to do so. Thank you for doing this for us.

Name _____

Office _____

Date _____

Do you work for caseload counselors _____

supervisors _____

facility counselors _____

Please estimate the amount of time you spent in each of the following areas. Your responses should be expressed in percentages and should total 100%. Please base your responses on 1979 calendar year.

		% of Time
1.	Financial/Statistical Reporting (Maintaining weekly and monthly reports relating to case management (A/I's, WCER, travel expense statements, R-100, Imprest Bank Account, etc.). Case processing forms (Case Progress Report, Application for Services, DVR 100, Facility Authorization-Referral Form, 1407, 1407-A, 1408, DOT, California Relative Value Studies, Suspense File, "Black Book", etc.)	_____
2.	Dictational/Transcriptional (Case histories, correspondence, appointment letters, requests for medical information, IWRP forms)	_____

3. Receptionist
(Answering telephone as needed; acting as liaison between office personnel, counselors, and clients; general information to public.) _____

4. Miscellaneous
(Maintains counselor card files on clients, desk file of VR statistical forms, counselor file of case folders, open and closed case files. Handling in-coming and out-going mail. Maintaining leave cards. Maintaining VR manuals. Attending division meetings, workshops, training programs as requested.) _____

5. Secretarial/Aide Duties
(Acts as liaison between counselors assigned to her and their clients. Making client appointments, providing client transportation, maintaining case records for proper coding, case flow, A/I verification, etc.) _____

TOTAL: 100%

Please return to: Adele Patrick
University of Georgia
Rehabilitation Counselor
Training Program
Management Control Project
413 Aderhold
Athens, Georgia 30602

Appendix I

SELF-PERCEPTIONS OF TIME SPENT
IN VARIOUS OCCUPATIONAL FUNCTIONS

The purpose of this survey is to determine the amount of time you spend in various activities related to your job. Please read the entire survey before you begin. This will acquaint you with the various activities included in each category. Estimate the percentage of time you spend in each category. Include photocopy work and travel time with the grouping they support. Your responses should total 100%.

At the end of the survey, please enter your name, office, position and date. Also indicate whether you work for caseload counselor, supervisor, or other. Identification of survey information will be used only to compare results for the Management Control Project. Your specific results will be kept confidential.

	% of Time
1. FISCAL/STATISTICAL REPORTING Maintaining weekly or monthly reports relating to case management; completing fiscal/statistical forms, validating billing documents, preparing travel vouchers, bus ticket record etc.	_____
2. DICTATION/TRANSCRIPTION Case histories, correspondence, appointment letters, requests for medical information, IWRP forms, memos	_____
3. RECEPTIONIST DUTIES Answering phone; acting as liaison between office personnel, counselors and clients; giving general information to public; maintaining visitor logs	_____
4. AIDE DUTIES Making client appointments, arranging client transportation, scheduling diagnostic exams, distributing direct pay checks or bus tickets, maintaining follow-up logs	_____
5. MISCELLANEOUS Filing, handling incoming and outgoing mail, maintaining manuals, attending staff meetings, workshops or training programs, ordering office supplies, maintaining card files	_____
TOTAL	100%

NAME: _____ DATE: _____

OFFICE: _____ POSITION: _____

WORK FOR: ___ Caseload Counselor ___ Supervisor ___ Other

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Appendix J

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Definition of LBDQ Subscales

Each subscale is composed of either five or ten items. A subscale is necessarily defined by its component items, and represents a rather complex pattern of behaviors. Brief definitions of the subscales are listed below:

1. Representation - speaks and acts as the representative of the group. (5 items)
2. Demand Reconciliation - reconciles conflicting demands and reduces disorder to system. (5 items)
3. Tolerance of Uncertainty - is able to tolerate uncertainty and postponement without anxiety or upset. (10 items)
4. Persuasiveness - uses persuasion and argument effectively; exhibits strong convictions. (10 items)
5. Initiation of Structure - clearly defines own role, and lets followers know what is expected. (10 items)
6. Tolerance of Freedom - allows followers scope for initiative, decision and action. (10 items)
7. Role Assumption - actively exercises the leadership role rather than surrendering leadership to others. (10 items)
8. Consideration - regards the comfort, well being, status, and contributions of followers. (10 items)
9. Production Emphasis - applies pressure for productive output. (10 items)
10. Predictive Accuracy - exhibits foresight and ability to predict outcomes accurately. (5 items)
11. Integration - maintains a closely knit organization; resolves intermember conflicts. (5 items)
12. Superior Orientation - maintains cordial relations with superiors; has influence with them; is striving for higher status. (10 items)

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LEADER BEHAVIOR DESCRIPTION QUESTIONNAIRE—Form XII

Originated by staff members of
The Ohio State Leadership Studies
and revised by the
Bureau of Business Research

Purpose of the Questionnaire

On the following pages is a list of items that may be used to describe the behavior of your supervisor. Each item describes a specific kind of behavior, but does not ask you to judge whether the behavior is desirable or undesirable. Although some items may appear similar, they express differences that are important in the description of leadership. Each item should be considered as a separate description. This is not a test of ability or consistency in making answers. Its only purpose is to make it possible for you to describe, as accurately as you can, the behavior of your supervisor.

Note: The term, "*group*," as employed in the following items, refers to a department, division, or other unit of organization that is supervised by the person being described.

The term "*members*," refers to all the people in the unit of organization that is supervised by the person being described.

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College of Administrative Science
The Ohio State University
Columbus, Ohio

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DIRECTIONS:

a. READ each item carefully.

b. THINK about how frequently the leader engages in the behavior described by the item.

c. DECIDE whether he/she (A) *always*, (B) *often*, (C) *occasionally*, (D) *seldom* or (E) *never* acts as described by the item.

d. DRAW A CIRCLE around *one* of the five letters (A B C D E) following the item to show the answer you have selected.

A = Always

B = Often

C = Occasionally

D = Seldom

E = Never

e. MARK your answers as shown in the examples below.

Example: Often acts as described ..... A (B) C D E

Example: Never acts as described ..... A B C D (E)

Example: Occasionally acts as described ..... A B (C) D E

---

1. Acts as the spokesperson of the group ..... A B C D E
2. Waits patiently for the results of a decision ..... A B C D E
3. Makes pep talks to stimulate the group ..... A B C D E
4. Lets group members know what is expected of them ..... A B C D E
5. Allows the members complete freedom in their work ..... A B C D E
6. Is hesitant about taking initiative in the group ..... A B C D E
7. Is friendly and approachable ..... A B C D E
8. Encourages overtime work ..... A B C D E
9. Makes accurate decisions ..... A B C D E
10. Gets along well with the people above him/her ..... A B C D E
11. Publicizes the activities of the group ..... A B C D E
12. Becomes anxious when he/she cannot find out what is coming next .... A B C D E

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A = Always

B = Often

C = Occasionally

D = Seldom

E = Never

13. His/her arguments are convincing	A	B	C	D	E
14. Encourages the use of uniform procedures	A	B	C	D	E
15. Permits the members to use their own judgment in solving problems	A	B	C	D	E
16. Fails to take necessary action	A	B	C	D	E
17. Does little things to make it pleasant to be a member of the group	A	B	C	D	E
18. Stresses being ahead of competing groups	A	B	C	D	E
19. Keeps the group working together as a team	A	B	C	D	E
20. Keeps the group in good standing with higher authority	A	B	C	D	E
21. Speaks as the representative of the group	A	B	C	D	E
22. Accepts defeat in stride	A	B	C	D	E
23. Argues persuasively for his/her point of view	A	B	C	D	E
24. Tries out his/her ideas in the group	A	B	C	D	E
25. Encourages initiative in the group members	A	B	C	D	E
26. Lets other persons take away his/her leadership in the group	A	B	C	D	E
27. Puts suggestions made by the group into operation	A	B	C	D	E
28. Needles members for greater effort	A	B	C	D	E
29. Seems able to predict what is coming next	A	B	C	D	E
30. Is working hard for a promotion	A	B	C	D	E
31. Speaks for the group when visitors are present	A	B	C	D	E
32. Accepts delays without becoming upset	A	B	C	D	E
33. Is a very persuasive talker	A	B	C	D	E
34. Makes his/her attitudes clear to the group	A	B	C	D	E
35. Lets the members do their work the way they think best	A	B	C	D	E
36. Lets some members take advantage of him/her	A	B	C	D	E

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A = Always

B = Often

C = Occasionally

D = Seldom

E = Never

37. Treats all group members as his/her equals	A	B	C	D	E
38. Keeps the work moving at a rapid pace	A	B	C	D	E
39. Settles conflicts when they occur in the group	A	B	C	D	E
40. His/her superiors act favorably on most of his/her suggestions	A	B	C	D	E
41. Represents the group at outside meetings	A	B	C	D	E
42. Becomes anxious when waiting for new developments	A	B	C	D	E
43. Is very skillful in an argument	A	B	C	D	E
44. Decides what shall be done and how it shall be done	A	B	C	D	E
45. Assigns a task, then lets the members handle it	A	B	C	D	E
46. Is the leader of the group in name only	A	B	C	D	E
47. Gives advance notice of changes	A	B	C	D	E
48. Pushes for increased production	A	B	C	D	E
49. Things usually turn out as he/she predicts	A	B	C	D	E
50. Enjoys the privileges of his/her position	A	B	C	D	E
51. Handles complex problems efficiently	A	B	C	D	E
52. Is able to tolerate postponement and uncertainty	A	B	C	D	E
53. Is not a very convincing talker	A	B	C	D	E
54. Assigns group members to particular tasks	A	B	C	D	E
55. Turns the members loose on a job, and lets them go to it	A	B	C	D	E
56. Backs down when he/she ought to stand firm	A	B	C	D	E
57. Keeps to himself/herself	A	B	C	D	E
58. Asks the members to work harder	A	B	C	D	E
59. Is accurate in predicting the trend of events	A	B	C	D	E
60. Gets his/her superiors to act for the welfare of the group members	A	B	C	D	E

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A = Always

B = Often

C = Occasionally

D = Seldom

E = Never

61. Gets swamped by details	A	B	C	D	E
62. Can wait just so long, then blows up	A	B	C	D	E
63. Speaks from a strong inner conviction	A	B	C	D	E
64. Makes sure that his/her part in the group is understood by the group member	A	B	C	D	E
65. Is reluctant to allow the members any freedom of action	A	B	C	D	E
66. Lets some members have authority that he/she should keep	A	B	C	D	E
67. Looks out for the personal welfare of group members	A	B	C	D	E
68. Permits the members to take it easy in their work	A	B	C	D	E
69. Sees to it that the work of the group is coordinated	A	B	C	D	E
70. His/her word carries weight with superiors	A	B	C	D	E
71. Gets things all tangled up	A	B	C	D	E
72. Remains calm when uncertain about coming events	A	B	C	D	E
73. Is an inspiring talker	A	B	C	D	E
74. Schedules the work to be done	A	B	C	D	E
75. Allows the group a high degree of initiative	A	B	C	D	E
76. Takes full charge when emergencies arise	A	B	C	D	E
77. Is willing to make changes	A	B	C	D	E
78. Drives hard when there is a job to be done	A	B	C	D	E
79. Helps group members settle their differences	A	B	C	D	E
80. Gets what he/she asks for from his/her superiors	A	B	C	D	E
81. Can reduce a madhouse to system and order	A	B	C	D	E
82. Is able to delay action until the proper time occurs	A	B	C	D	E
83. Persuades others that his/her ideas are to their advantage	A	B	C	D	E

A = Always

B = Often

C = Occasionally

D = Seldom

E = Never

84. Maintains definite standards of performance	A	B	C	D	E
85. Trusts members to exercise good judgment	A	B	C	D	E
86. Overcomes attempts made to challenge his/her leadership	A	B	C	D	E
87. Refuses to explain his/her actions	A	B	C	D	E
88. Urges the group to beat its previous record	A	B	C	D	E
89. Anticipates problems and plans for them	A	B	C	D	E
90. Is working his/her way to the top	A	B	C	D	E
91. Gets confused when too many demands are made of him/her	A	B	C	D	E
92. Worries about the outcome of any new procedure	A	B	C	D	E
93. Can inspire enthusiasm for a project	A	B	C	D	E
94. Asks that group members follow standard rules and regulations	A	B	C	D	E
95. Permits the group to set its own pace	A	B	C	D	E
96. Is easily recognized as the leader of the group	A	B	C	D	E
97. Acts without consulting the group	A	B	C	D	E
98. Keeps the group working up to capacity	A	B	C	D	E
99. Maintains a closely knit group	A	B	C	D	E
100. Maintains cordial relations with superiors	A	B	C	D	E

Appendix K

Indices of Alienation*

Subscales**

Alienation from Work (Items 1-6) Scored 1-4	A feeling of disappointment with career and professional development and inability to fulfill professional norms.
Alienation from expressive relations (Items 7-8) Scored 1-4	Dissatisfaction in social relations with supervisors and fellow workers.
Index of hierarchy of authority (Items 9-13) Scored 1-4	The degree to which staff members are assigned tasks and are given freedom to implement without supervisory interruption.
Index of participation in decision making (Items 14-17) Scored 1-5	The degree to which staff member participate in setting goals and policies of the organization.
Index of job codification (Items 18-22) Scored 1-4	The degree to which there are rules defining jobs and specifying what is to be done.
Index of rule observation (Items 23-24) Scored 1-4	The degree to which rules are enforced.

*Aiken, M. and Hage, J. Organizational alienation: A comparative analysis. American Sociological Review. 1966, 31, 497-507.

**On each subscale, higher scores indicate more alienated responses while lower scores indicate less alienated responses.

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NAME_____ SOCIAL SECURITY NO._____

JOB TITLE_____ DISTRICT OFFICE_____

Please check the answer that best reflects your perception of your work environment.

1. How satisfied are you that you have been given enough authority by agency management to do your job well?

_____1. Very satisfied
_____2. Somewhat satisfied
_____3. Somewhat dissatisfied
_____4. Very dissatisfied

2. How satisfied are you with your present job when you compare it to similar positions in the state?

_____1. Very satisfied
_____2. Somewhat satisfied
_____3. Somewhat dissatisfied
_____4. Very dissatisfied

3. How satisfied are you with the progress you are making towards the goals which you set for yourself in your present position?

_____1. Very satisfied
_____2. Somewhat satisfied
_____3. Somewhat dissatisfied
_____4. Very dissatisfied

4. On the whole, how satisfied are you that (your superior) accepts you as a professional expert to the degree to which you are entitled by reason of position, training and experience?

_____1. Very satisfied
_____2. Somewhat satisfied
_____3. Somewhat dissatisfied
_____4. Very dissatisfied

5. On the whole, how satisfied are you with your present job when you consider the expectations you had when you took this job?

_____1. Very satisfied
_____2. Somewhat satisfied
_____3. Somewhat dissatisfied
_____4. Very dissatisfied

6. How satisfied are you with your present job in light of career expectations?

_____1. Very satisfied
_____2. Somewhat satisfied
_____3. Somewhat dissatisfied
_____4. Very dissatisfied

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7. How satisfied are you with your supervisor?

_____1. Very satisfied
_____2. Somewhat satisfied
_____3. Somewhat dissatisfied
_____4. Very dissatisfied

8. How satisfied are you with your fellow workers?

_____1. Very satisfied
_____2. Somewhat satisfied
_____3. Somewhat dissatisfied
_____4. Very dissatisfied

9. There can be little action taken here until a supervisor approves a decision.

_____1. Definitely false
_____2. Somewhat false
_____3. Somewhat true
_____4. Definitely true

10. A person who wants to make his own decisions would be quickly discouraged here.

_____1. Definitely false
_____2. Somewhat false
_____3. Somewhat true
_____4. Definitely true

11. Even small matters have to be referred to someone higher up for a final answer.

_____1. Definitely false
_____2. Somewhat false
_____3. Somewhat true
_____4. Definitely true

12. I have to ask my boss before I do almost anything.

_____1. Definitely false
_____2. Somewhat false
_____3. Somewhat true
_____4. Definitely true

13. Any decision I make has to have my boss' approval.

_____1. Definitely false
_____2. Somewhat false
_____3. Somewhat true
_____4. Definitely true

14. How frequently do you usually participate in the decision to hire new staff?

_____1. Never
_____2. Seldom
_____3. Sometimes
_____4. Often
_____5. Always

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15. How frequently do you usually participate in decisions on the promotion of any of the professional staff?

_____1. Never
_____2. Seldom
_____3. Sometimes
_____4. Often
_____5. Always

16. How frequently do you participate in decisions on the adoption of new policies?

_____1. Never
_____2. Seldom
_____3. Sometimes
_____4. Often
_____5. Always

17. How frequently do you participate in the decisions on the adoption of new programs?

_____1. Never
_____2. Seldom
_____3. Sometimes
_____4. Often
_____5. Always

18. I feel that I am my own boss in most matters.

_____1. Definitely false
_____2. Somewhat false
_____3. Somewhat true
_____4. Definitely true

19. A person can make his own decisions without checking with anybody else.

_____1. Definitely false
_____2. Somewhat false
_____3. Somewhat true
_____4. Definitely true

20. How things are done here is left up to the person doing the work.

_____1. Definitely false
_____2. Somewhat false
_____3. Somewhat true
_____4. Definitely true

21. People here are allowed to do almost as they please.

_____1. Definitely false
_____2. Somewhat false
_____3. Somewhat true
_____4. Definitely true

22. Most people here make their own rules on the job.

_____1. Definitely false
_____2. Somewhat false
_____3. Somewhat true
_____4. Definitely true

23. The employees are constantly being checked on for rule violations.

_____1. Definitely false
_____2. Somewhat false
_____3. Somewhat true
_____4. Definitely true

24. People here feel as though they are constantly being watched, to see that they obey all the rules.

_____1. Definitely false
_____2. Somewhat false
_____3. Somewhat true
_____4. Definitely true

Appendix L

Appendix M

Management Control Project Forum
Issue Summary

Issue A: The Effects of the Project on Agency Staff.

During the pilot states' initial orientation to the Management Control Project, several staff-focused objectives were outlined. Based on experience as a project participant, staff selected to attend the forum were asked to indicate whether these objectives had been "met" or "not met." This exercise was completed prior to the forum and served as a stimulus for group discussion. Responses are reflected in the following table.

THE EFFECTS OF THE MANAGEMENT CONTROL PROJECT ON AGENCY STAFF

	Objective	Met	Not Met	*Both	No Response
1.	Rehabilitation Counselors will increase accuracy in meeting federal eligibility, IWRP, and closure requirements.	97.2%		2.8%	
2.	Rehabilitation Counselors' decision-making responsibility and authority will be clearly delineated.	77.8	8.3	5.6	8.3
3.	Rehabilitation Counselors will experience greater job satisfaction due to increased authority and responsibility.	44.4	36.1	2.8	16.7
4.	Rehabilitation Counselors will feel less work alienation.	30.6	36.1	2.8	30.6

*Respondents circled both possible responses.

	Objective	Met	Not Met	Both	No Response
5.	Rehabilitation Counselors will have more time (post MCP) for meaningful client contact due to increased emphasis in client involvement and reduction in case recording and general paperwork requirements.	27.8	58.3	5.6	8.3
6.	Manager roles will be refocused to emphasize coaching, consultation, and staff development.	50.0	33.3	8.3	8.3
7.	Secretaries will experience less "paper" demands allowing for potential position restructuring.	19.4	52.8	2.8	25.0

Discussion groups addressed the effects the Management Control Project has had on three personnel categories, i.e., rehabilitation counselors, rehabilitation managers, and rehabilitation support staff (clerical). The following effects were reported:

MCP Effects on the Rehabilitation Counselor:

1. Agency and counselor goals become more congruent.
   a. Agency mission and values are clearly communicated;
   b. Agency expectations understood through the establishment of performance standards;
   c. Direction provided through the development and dissemination of clear and concise policy;
   d. Participatory management focus is demonstrated through counselor involvement in the goal setting process and increased decision-making responsibility and authority;
   e. Administrators and managers provide positive reinforcement;
   f. Pressure to produce has become self-initiated rather than agency-initiated;
   g. Consistent and constructive feedback on performance provided by manager; and

h. General feeling toward agency is improved.

2. Counselor/supervisor relationship improved.
   a. Valued feedback is received on performance from supervisor;
   b. Supervisor understands the work of the counselor;
   c. Supervision is provided in relation to actual counselor competencies;
   d. Case review process is more consistent and meaningful; and
   e. Common understanding exists for case decisions.

3. Counselor/client relationship improved and provision of services enhanced.
   a. Clients have ownership in their rehabilitation program due to increased involvement in its development;
   b. Client appeals have declined due to better understanding of rehabilitation process and better counselor decisions;
   c. System emphasizes client/counselor relationship;
   d. Counselor must know client to develop an effective IWRP;
   e. System provides the opportunity to work with people rather than paper;
   f. Counselors have increased confidence when explaining services to clients;
   g. Counselors have a strong base for their decisions and are not intimidated by client appeals or legislative inquiries;
   h. Counselors and clients are more confident of projected outcome;
   i. Client moves through rehabilitation process appropriately and usually more rapidly;
   j. System forces counselor to focus on client's abilities; and
   k. Client receives more professional evaluation.

4. Counselors demonstrate high performance when given responsibility and authority for decisions.
   a. Eligibility decisions consistent with congressional intent;
   b. Programs demonstrate change from entitlement focus to eligibility focus;
   c. Clients are more confident in program developed;
   d. Dramatic increase in all performance areas demonstrated;
   e. Redundancy reduced, accountability increased;
   f. Improved communication with referral sources, vendors';

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advocacy groups, and legislators; and,
q. Opportunity to realize personal responsibility for decisions appreciated and results in improved morale.

5. Concerns expressed.
   a. Following project installation, agency operation must remain consistent with MCP philosophy;
   b. Mixed messages given--counselor must decide, but decisions are challenged;
   c. Documentation increases requiring more paperwork;
   d. Little input on production;
   e. Counselors desiring dependency relationship with supervisor are uncomfortable with system;
   f. Semantics of system causes breakdown between counselor and supervisor;
   g. Supervisor's review of IWRP is too precise;
   h. Counselors more comfortable with system than supervisors;
   i. Supervisors must learn to give constructive feedback;
   j. Counselors have more decision-making responsibility but fear "no" ratings on case reviews;
   k. Review may ignore important casework issues in looking for strict adherence to case review criteria;
   l. Policy and controls may again replace competent supervision and good management practices;
   m. Independent counselor status threatening; and
   n. Rater reliability and validity questioned.

MCP Effects on the Rehabilitation Manager:

1. Manager/counselor relationship enhanced.
   a. Increased involvement with cases;
   b. Better understanding of counselor role;
   c. More sensitive to staff problems;
   d. More accountable to provide resources;
   e. Increased commitment and involvement in achieving agency and counselor goals;
   f. Demonstrating increased flexibility;
   g. Providing better consultation, coaching, and developmental experiences;
   h. Less "we-they" segregation;
   i. Demonstrating increased confidence in staff to manage caseload expenditures;
   j. Providing better employee performance appraisals;
   k. Communication with counselors increased;
   l. Trust demonstrated;
   m. Positive reinforcement and recognition provided;

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n. Less questioning of professional decisions made by counselors; and
o. Feedback is consistent.

2. Management role skills enhanced.
   a. Supervisors are more accountable and knowledgeable;
   b. Coaching skills valued;
   c. Better able to articulate policy;
   d. Provides consistent implementation of policy;
   e. Increased legislative and public credibility and accountability; and
   f. Community image enhanced.

3. Additional needs expressed.
   a. Ability to effectively manage change;
   b. More clearly defined role;
   c. Increased emphasis and skill development in areas of:
      1. Coaching,
      2. Monitoring,
      3. Consulting,
      4. Behavior analysis;
   d. Time to perform all duties; and
   e. New criteria for selecting supervisors.

4. Concerns expressed.
   a. Fear of having to defend decisions;
   b. Role uncertainity;
   c. Loss of authority;
   d. Lack of trust; and
   e. Threatened.

MCP Effects on Support Staff

1. Positive expressions.
   a. More goal oriented;
   b. More assertive to referral sources;
   c. All eligibility decisions referred to counselor; and
   d. Decrease in paperwork.

2. Concerns and negative expressions.
   a. Increased pressure to complete work quickly due to review process;
   b. Typing demands increased due to documentation requirements;
   c. Job freezes compound workload assignments.

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Recommendations

1. Following project installation care must be taken in relation to:
   a. Agency operations remaining consistent with MCP philosophy; and
   b. Policy development to assure that unnecessary controls do not re-enter system.
2. Realistic balance between "numbers" and "quality" determined;
3. Assure commitment of top administration;
4. Drop mention of independent status;
5. Drop mention of decreased paperwork;
6. Market realistic positive aspects--sell need for MCP--information on Federal Regulations and survival;
7. Provide on-going in-service training on "how-to-do-steps;"
8. Develop the supervisor as coach, trainer, reviewer, etc.,
9. Insure two-way communication; and
10. Provide ample grace period to accomplish the above.

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Issue B: The Effects of the Project on Agency Clientele.

Due to the time span in which pilot states have participated in the project's demonstration, hard data on client outcome has not been generated. Forum participants addressed the effects of the project on their clients based on observation, data, or speculation. Positive findings were predominant and within the six groups discussing this issue, the following were the only statements expressed which some viewed as concerns:

1. IWRP language too esoteric for clients;
2. Clients do not understand IWRP;
3. Procedures from referral to closure are slower; and
4. Not as many "easy" clients.

The following were reported by the groups resulting from their discussion:

1. Eligibility and program development decisions more appropriate due to MCP emphasis on the counselor's diagnostic skills.
   a. Diagnosis is more in-depth;
   b. Functional limitations assessed more accurately;
   c. More substance available for good decision-making;
   d. Better up-front decisions are being made;
   e. Clients are screened more intensively;
   f. Greater honesty with clients in explaining rehabilitation potential;
   g. Clients are participating in eligibility determination and have greater understanding of potential and program;
   h. Client needs are identified much earlier;
   i. Better diagnosis leads to better services; and
   j. Very clear decisions possible and being made regarding eligibility and ineligibility.

2. Clients' rehabilitation program development and provision of services improved.
   a. Developed program of services meets client needs rather than sterotyping by disability categories;
   b. Clients have more equitable access to services;
   c. Service delivery is faster;
   d. Writing IWRP's in client's language, therefore, better understood;
   e. Better program development and service delivery for handicapped clients;
   f. Able to give more attention to clients, particularly severely handicapped, due to serving only eligible clients;

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g. Counselors no longer insurance agents and suppliers of incidental services due to emphasis on providing services directed toward meeting client needs and achieving vocational goal;
h. Counselor better able to do job placement;
i. IWRP's are thoroughly developed; and
j. Counselors are not overlooking as many things; ambiguities have decreased.

3. Client involvement and responsibility in rehabilitation program development and service provision has increased.
   a. Clients are more aware of overall rehabilitation process;
   b. Clients understand and assume responsibility for their rehabilitation program;
   c. Appeals have greatly decreased;
   d. Client participates in program changes;
   e. More joint counselor/client cooperation;
   f. Clients are confronting their functional limitations and realizing their assets; and
   g. Client ownership of their program has increased.

4. Outcomes seen as positive.
   a. Consistency equals fairness to client;
   b. Clients get better placement services;
   c. Client recidivism is decreasing;
   d. Agency's resources going to eligible clients;
   e. Client knows expectations;
   f. Client better informed;
   g. Fewer clients being set up for failure;
   h. Client sees counselor as more creditable;
   i. Outcome goals of counseling process better defined; and
   j. Client and referral source have more realistic expectations of agency.

5. Recommendations.
   a. Comparison of "26's" and "28's" needed to identify why outcome is different;
   b. Assess client attitudes regarding program;
   c. Consider developing a narrative IWRP;
   d. Increase training and practice;
   e. Educate referral sources and the community; and
   f. Increase cooperative agreements and linkage with other resources.

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Issue C: Organizational Prerequisites for Effective Management Control System Implementation

Discussion groups explored prerequisites an organization must accomplish prior to the implementation of the management control system. The following represents feedback from the groups:

1. Agency administrators must make a commitment to practice the philosophy and concepts advocated by the MCP.
   a. Agency must have total commitment; there is tendency to underestimate time, money, other resources needed to see project through;
   b. Management must commit to a long-term process, not an overnight change;
   c. Top management must be willing to take risks;
   d. Commitment is needed throughout the agency, top to bottom; and
   e. Managers must understand the philosophy of the system.

2. Agency administrators must develop and communicate the organization's mission, values, and expectations.
   a. Agency must establish mission statement and organizational goals; and
   b. Agency must clearly define objectives and communicate them to everyone in the organization.

3. Agency administrators and system planners must utilize pilot experiences.
   a. Evaluate results and methodology of system implementation in pilot offices and other pilot states--investigate what has been done; and
   b. Utilize a pilot experience before implementing statewide.

4. Agency administrators must manage change effectively.
   a. "It took 50 years to create the former system, it will take many years to change;"
   b. Involve all staff in implementation plans to develop an ownership of the system;
   c. Develop supervisory skills in being effective managers of change and change agents;
   d. Address staff attitudes and determine readiness for change; and
   e. Develop strategies for internal marketing.

5. Assure that agency policies and procedures are consistent with philosophy.

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a. Eliminate policy inconsistencies prior to system implementation phase;
b. Develop system of resolving policy omissions and errors; and
c. Develop system of policy dissemination to field staff.

6. Additional thoughts on system development and adaptation.
   a. Agency must be willing to provide adequate first-line supervision;
   b. Develop understanding of changes at all levels of organization;
   c. Agency must be willing to forego the pressure of meeting production quotas--won't initially have quality and quantity;
   d. Determine costs;
   e. Determine time schedule;
   f. Determine pilot areas;
   g. Develop system of feedback;
   h. Develop incentives for good behaviors;
   i. Define staff roles;
   j. Insure sufficient resources;
   k. Allow grace period for system to settle;
   l. Build in time to "hash out" problems and questions;
   m. Training
      1. Provide supervisors adequate training for coaching role;
      2. Include counselors who have worked under system;
      3. Prepare to address staff problems resulting from MCP implementation; and
      4. Counselor training must be practical.

7. Standardize management philosophy nationwide--allow system to evolve and compare with other states.

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Issue D: Elements of an Effective Management Control System Implementation and Maintenance Plan.

Utilizing fundamental management control system concepts, discussion groups explored essential elements of an effective installation and maintenance plan. The following elements were reported:

1. Implementation.
   a. Commitment of top management;
   b. Clarification of agency values;
   c. Definition of staff roles;
   d. Effective management of change: informal and formal marketing by the agency creating staff commitment;
   e. Community education;
   f. Acquisition of skills for new roles
      1. Negotiation training;
      2. Rater training, i.e., develop reliability/validity;
      3. Supervisory training in coaching skills, i.e., staff development skills;
      4. Communication; and
      5. Casework;
   g. Determined and disseminated standards of performance;
   h. Evaluation procedures;
   i. Monitoring and feedback;
   j. Identify necessary resource materials;
   k. Develop objectives;
   l. Develop policy system;
   m. MIS match-up;
   n. Review of forms/design of new forms;
   o. Realistic time frames;
   p. Formalized feedback loops;
   q. Resource allocation ($, staff: to adequately commit to implementing);
   r. Utilize federal support and encourage input;
   s. Utilization of counselors as trainers;
   t. Uniformity of training/trainers;
   u. Statewide cross-fertilization;
   v. Analysis of organizational structure;
   w. Educate support systems/referral sources;
   x. Develop agency support systems; and
   y. Methodology to evaluate client outcomes.

2. Maintenance.
   a. Identification of poor performers/development of appropriate action plans;
   b. Identification of skill deficits and appropriate intervention;
   c. Maintain commitment

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d. Maintain policy system;
e. Utilization of evaluation procedures of program and individuals;
f. Maintain rater reliability and validity;
g. Reinforcement of roles; i.e., supervisor as coach;
h. Maintain flexibility;
i. Monitor external environment; and
j. Maintain review feedback process.

A listing of tasks with strategies developed by the discussion groups is available from the project office.

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Issue E: Effective Utilization of Management Personnel for Operationalizing the Management Control System (First-line Supervisors)

Discussion groups had the opportunity to focus on the role(s) of the first-line manager in relation to staff under his/her supervision. Group deliberations produced several different results and reported as follows:

1. Role changes

Most groups observed that the MCP has effected a greater role change for the first-line supervisor than any other position. Specifically, the forum discussion groups noted the following.

a. Casework reviews conducted by first-line supervisor require more specificity with justification required for review response;
b. First-line supervisor has a primary responsibility for identifying staff deficiencies and recommending training activities or developing corrective plans;
c. A new emphasis on consultation skills requiring a quality professional relationship between counselor and supervisor;
d. Responsibility for policy refinement, identification, clarification, and/or development;
e. Responsible for team development within his/her office;
f. Increased responsibility for community contact and resource development;
g. Provides less supervisory direction; more "we", less "they;"
h. Focus on substance as opposed to form;
i. Relationships of roles have been clarified--first-line/middle manager/upper manager;
j. Has developed skills and has tools to assure quality work;
k. Shifted from "monitor" role to "supportive" role in relating to counseling staff;
l. Has responsibility for providing staff clear expectations;
m. Has responsibility to assure fairness in goal negotiations;
n. Forced to be precise in accountability expectations;
o. Has increased responsibility for decision making within the agency rather than only disseminating them from above;
p. Has been forced to take a leadership role within the office and the agency;

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q. MCP has required a functional shift from reviewer to coach;
r. Prior to MCP, supervisor could focus on one functional area; functional areas have expanded significantly;
s. Increased emphasis on ability to analyze data;
t. Supervisor expected to maximize utilization of personnel--identify areas where human resources are needed and efficiently distribute and use resources;
u. Increase involvement in accountability and utilization of medical and psychological consultants; and
v. Responsibility in educating and reshaping referral sources.

2. Functions

Suggested functions of the first-line supervisor with processes identified were reported as follows.

a. Function: Assure quality work within unit of management

Processes:
1. Review cases (assigned),
2. Review cases (non-assigned),
3. Provide timely feedback to counselor following review,
4. Identify policy issues needing clarification which affect the quality and/or interpretation of the quality of work performed,
5. Review printouts, reports, etc.

b. Function: Manage the planning and negotiation of units' workload activities.

Processes:
1. Negotiate staff goals and objectives,
2. Identify and procure necessary resources,
3. Assure consistency with agency goals,
4. Monitor - re-negotiate as indicated,
5. Identify staff training needs,
6. Assure balance in workload distribution.

c. Function: Supervise staff using consultant/coaching model.

Processes:
1. Clarify and interpret policy and procedure,
2. Constructively confront deficient performance,
3. Encourage and reinforce effective performance,

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4. Encourage professional development,
5. Demonstrate expected behaviors,
6. Assist counselor with difficult cases.

d. Function: Develop and manage staff development activities.

Processes:
1. Perform ongoing training needs assessment
   a. Job performance
   b. Career development,
2. Provide training and orientation as appropriate,
3. Arrange internal and external training.

e. Function: Establish and maintain positive relations with the community and cooperative agencies.

Processes:
1. Inform interested public of policy and program changes,
2. Participate in the development of joint training activities,
3. Participate in evaluation of cooperative agreements/programs,
4. Participate in various ad hoc activities, i.e., Mayor Council, Job Fair, etc.,
5. "Nurture" politicians.

f. Function: Serve as a major link in agency's formal communication structure.

Processes:
1. Ensure timely and accurate dissemination of information (up, down),
2. Interpret
   a. Policy
   b. Goals
   c. Philosophy
3. Provide feedback in all directions regarding suggestions.

g. Function: Perform personnel administration activities.

Processes:
1. Recruit, interview, and select staff,
2. Negotiate individual work plans,
3. Conduct performance apprasials,
4. Resolve personnel problems,

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5. Conduct first-level review in employee grievance process,
6. Negotiate and monitor flextime schedule,
7. Assign counselor/clerical teams.

h. Function: Participate as a member of the management team.

Processes:
1. Provide input for policy clarification,
2. Develop rater reliability,
3. Analyze and resolve problems, i.e., staff, case service, etc.
4. Develop and maintain vertical communications.

i. Function: Gleefully accept and perform other duties as assigned.

Processes:
1. Remain receptive,
2. Participate on task forces,
3. Develop needed reports,
4. Respond to congressional inquiries,
5. Housekeeping chores.

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General Group Observations

1. Role of "coach" or "reinforcer" is necessary part of everything done.
2. First-line supervisors are receiving better training than middle level managers--have become technical experts.
3. Competition between districts/regions/areas can be detrimental to system, i.e., varying philosophies on how money is spent, etc.
4. First-line supervisor must take system objectives and make them workable.
5. Policy should reflect agency values.
6. Policy must be interpreted more consistently.
7. Problems with policy will first be identified by first-line supervisor.
8. Development of agency or inter-agency resources is a shared responsibility among all practitioners; development of these resources must be managed by the supervisor.
9. First-line supervisors must have the ability to identify training needs and arrange for these needs to be met.
10. MCP model should allow supervisor to improve quality of counselor performance appraisal and allow for timely feedback.
11. Functions of first line supervisor has not changed--emphasis has changed.
12. Although case reviews have always been done, first-line supervisors are now "buying into" the process.
13. MCP is allowing means to actually implement the Rehabilitation Act of 1973.
14. It is the responsibility of the first-line supervisor to reinforce positive attitudes regarding the MCS.
15. It is the responsibility of the first-line supervisor to reinforce agency values.
16. Agency has responsibility to provide necessary training to meet the skill needs of supervision.
17. Agency has responsibility to support supervisor in his/her new role.
18. MCP not designed to make people happy.
19. Control function retreating--coaching becoming prominent.
20. Manager will always have control function.
21. MCP emphasizes leadership role of manager.
22. Room for risk taking under MCP--as long as its documented.
23. MCP will not change creativity.
24. Risk-taking more focused on counselor because counselor must make eligibility decision.
25. Eligibility decisions forced to be concrete.
26. MCP to counselor: "Are you aware of risks involved? Can you justify risks?"

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27. In past, anything was acceptable; now, there is a clear delineation between "yes" and "no."
28. MCP forces using a decision-making process.
29. Some supervisors have neglected management of performance.
30. MCP provides an accountability model rather than an authoritarian model--some counselors may see it as an authoritarian model.
31. No place to hide in MCP.
32. MCP makes job easier for supervisor who has maintained accountability.
33. There is increased pressure on supervisor to develop better management skills.
34. MCP allows for instituted clarity in counselor/supervisor relationship.
35. Counselor and supervisor now have a clear understanding of expectations.
36. Before MCP, any way okay; now there is a right way and a wrong way.

"END OF DOCUMENT"

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